

No. C 139629

Due no later than June 30, 2004
Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080NO FILING FEE IF
RECEIVED BY DUE DATE

1. Mailing Address - Correct in this box, if applicable

AMMON DENTAL, P.A.

~~333 S WOODRUFF~~~~IDAHO FALLS, ID 83401~~3456 E. 17th Suite 115
AMMON, ID 83406

2. Registered Agent and Office NO PO BOX

DR BRAD OSWALD

~~333 S WOODRUFF~~~~IDAHO FALLS, ID 83401~~3456 E. 17th St Suite 115

AMMON, ID. 83406

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	BRAD OSWALD	4060 TAYLORVIEW LN	AMMON	ID	83406
SECRETARY	KRIS OSWALD	3456 E 17 th Suite 115	AMMON	ID	83406
		3456 E. 17 th St Suite 115	AMMON	ID	83406

5. Organized Under the Laws of:

IDAHO
C 139629

6.

Signature

Name (Typed or Printed)

BRAD OSWALD

Date

6-29-04

Title

PRESIDENT

Issued 04/01/2004

Do Not Tape or Staple

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