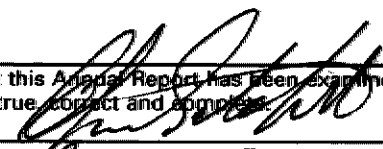


| No. C110269 | Annual Report Form 1996 <i>Due No Later Than November 30,</i> | | 2. Registered Agent and Office NOT A P.O. BOX CHRIS A SATCHWELL 119 N WARDWELL EMMETT ID 83617 | | | | | | | | | | | | | | | | | | | |
|--|--|------------------------|--|-------|-------------|------|------------------------|------|-------|-----|-----------|-------------------|----------------------|--------|----|-------|-----------|-----------------|---------------------|--------|----|-------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE * | 1. Mailing Address - Please Correct, If Not Correct EMMETT DENTAL GROUP, P.A. CHRIS A SATCHWELL 119 N WARDWELL EMMETT ID 83617 | | 3. Organized Under the Laws of: ID C110269 | | | | | | | | | | | | | | | | | | | |
| | 4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>CHRIS A SATCHWELL</td> <td>2373 HAW CREEK BLVD.</td> <td>EMMETT</td> <td>ID</td> <td>83617</td> </tr> <tr> <td>SECRETARY</td> <td>APRIL SATCHWELL</td> <td>2373 HAW CREEK BLVD</td> <td>EMMETT</td> <td>ID</td> <td>83617</td> </tr> </tbody> </table> | | | | | Office held | Name | Street or P.O. Address | City | State | Zip | PRESIDENT | CHRIS A SATCHWELL | 2373 HAW CREEK BLVD. | EMMETT | ID | 83617 | SECRETARY | APRIL SATCHWELL | 2373 HAW CREEK BLVD | EMMETT | ID | 83617 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | |
| PRESIDENT | CHRIS A SATCHWELL | 2373 HAW CREEK BLVD. | EMMETT | ID | 83617 | | | | | | | | | | | | | | | | | |
| SECRETARY | APRIL SATCHWELL | 2373 HAW CREEK BLVD | EMMETT | ID | 83617 | | | | | | | | | | | | | | | | | |
| 5. NATURE OF BUSINESS DENTISTRY | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <div style="display: flex; justify-content: space-between;"> <div> Signature  Name (Typed or Printed) CHRIS A. SATCHWELL </div> <div> Date 9/15/96 Title PRESIDENT </div> </div> | | | | | | | | | | | | | | | | | | | | | |

ISSUED: 07-06-1996

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