

INSTRUCTIONS ON REVERSE SIDE

No. 58900	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1991		MARRINER F. BINGHAM 215 EAST HAWAII NAMPA ID 83651																									
	1. Mailing Address — Please Correct If Not Correct																											
	MARRINER F. BINGHAM, D.D.S. MARRINER F. BINGHAM 215 EAST HAWAII NAMPA ID 83651		3. Incorporated Under The Laws of ID NO: C58900																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Marriner F. Bingham DDS</td> <td>215 E Hawaii</td> <td>Nampa</td> <td>Idaho</td> <td>83686</td> </tr> <tr> <td>Secretary:</td> <td>none</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>none</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Marriner F. Bingham DDS	215 E Hawaii	Nampa	Idaho	83686	Secretary:	none					Directors:	none				
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Secretary:	none																											
Directors:	none																											
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. <table border="1"> <tr> <td>Signature</td> <td>Marriner F. Bingham DDS</td> <td>Date</td> <td>7-8-91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Marriner F. Bingham DDS</td> <td>Title</td> <td>OWNER</td> </tr> </table>			Signature	Marriner F. Bingham DDS	Date	7-8-91	Name (Typed or Printed)	Marriner F. Bingham DDS	Title	OWNER																
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