




INSTRUCTIONS ON REVERSE SIDE

No. 85928	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address Please Correct If Not Correct		N. DAVID CROW 123 S. THIRD STREET SANDPOINT ID 83864																								
	N. DAVID CROW, D.D.S., P.C. N. DAVID CROW 12 SOUTH THIRD STREET SANDPOINT ID 83684		3. Incorporated Under The Laws of IA NO: 085928																								
	4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>N. David Crow</td> <td>123 S 3rd</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> </tr> <tr> <td>Secretary:</td> <td>same</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>same</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	N. David Crow	123 S 3rd	Sandpoint	ID	83864	Secretary:	same					Directors:	same			
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																						
President:	N. David Crow	123 S 3rd	Sandpoint	ID	83864																						
Secretary:	same																										
Directors:	same																										
5. Nature of Business physician/orthodontist	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="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7-19-91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>N. David Crow D.D.S., M.S.</td> <td>Title</td> <td>President</td> </tr> </table>				Signature		Date	7-19-91	Name (Typed or Printed)	N. David Crow D.D.S., M.S.	Title	President															
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