

No. C104370	<b>Annual Report Form</b> 1996 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, If Not Correct <b>MICHAEL J. CLAYMORE, D.D.S.,</b> <b>MICHAEL J CLAYMORE</b> <b>PO BOX 609</b>		<b>MICHAEL J CLAYMORE</b> <b>8 NORTH DIVISION</b>  <b>PINEHURST ID 83850</b>
	<b>PINEHURST ID 83850</b>		3. Organized Under the Laws of: <b>ID C104370</b>

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Michael J Claymore	Box 609	Pinehurst	Id	83850
Secretary	Darlene K Currie	Box 306	Kingston	Id	83839

5. <b>NATURE OF BUSINESS</b>  <b>DENTISTRY</b>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.	
	Signature <i>Michael J Claymore</i> Name (Typed or Printed) <i>Michael J Claymore</i>	Date <i>10-15-96</i> Title <i>President</i>

ISSUED: 10-05-1996

9443