

No. 58900	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994		MARRINER F. BINGHAM 215 EAST HAWAII																									
	1. Mailing Address — <i>Please Check if Not Correct</i>		NAMPA ID 83651																									
	MARRINER F. BINGHAM, D.D.S., P. MARRINER F. BINGHAM 215 EAST HAWAII NAMPA ID 83651		3. Incorporated Under The Laws of ID NO: 58900																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																												
<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</td> <td>D.D.S. PA.</td> <td>215 East Hawaii</td> <td>Nampa</td> <td>Idaho 83686</td> </tr> <tr> <td>Secretary:</td> <td colspan="5">- none</td> </tr> <tr> <td>Directors:</td> <td colspan="5">none.</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Marriner F. Bingham	D.D.S. PA.	215 East 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>7-15-94</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	7-15-94	Name (Typed or Printed)	Marriner F. Bingham DDS	Title	Owner.																
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