

No. C 51431	Annual Report Form 1996 Due No Later Than November 30,	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct JACK L. HOGAN, D.D.S., P.A. JACK L. HOGAN 1606 17TH ST LEWISTON ID 83501	JACK L. HOGAN, D.D.S. 1606 17TH ST. LEWISTON ID 83501
* FIRST NOTICE *		3. Organized Under the Laws of:
		ID C 51431

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	Jack L. Hogan	1606 17ST	Lewiston	ID	83501
Sec./Trans.	Joan Hogan	1606 17ST	Lewiston	ID	83501

5. NATURE OF BUSINESS Dentistry ANY LAWFUL	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 <u><i>Jack L. Hogan</i></u> Date <u>7-15-96</u> Name (Typed or Printed) <u>Jack L. Hogan</u> Title <u>President</u>
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ISSUED: 07-06-1996

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