

No.

C 70989

Annual Report Form

Due No Later Than November 30,

1997

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

BLAISDELL DENTAL CENTER, P.A.
JOHN D. BLAISDELL, DDS
1916 ELLIS

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1916 ELLIS

CALDWELL ID 83605

3. Organized Under the Laws of:

ID C 70989

* FIRST NOTICE *

CALDWELL ID 83605

4. Corporations: Enter Names and Business 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

John D. Blaisdell, DDS 1916 Ellis Ave

Caldwell, ID 83605

Secretary

John D. Blaisdell, DDS 1916 Ellis Ave.

Caldwell, ID 83605

Director

John D. Blaisdell, DDS 1916 Ellis Ave

Caldwell, ID 83605

5.

6.

Signature

Date

7-14-97

Name

(Typed or Printed)

John D. Blaisdell, DDS

Title

President

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

12704