

No. 045735	Idaho Corporation Annual Report Form		2. Registered Agent and Office																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1987		MARJORIE A MOENNERT 635 NORTH GARFIELD MOSCOW, IDAHO 83843																					
	1. Mailing Address — Please Correct 045735																							
RECEIVED SEC. OF STATE 87 JUL 7 AM 8:04	ERNEST P. MOENNERT, D.O.S., P.A. ERNEST P. MOENNERT D.O.S. 1412 SO. MAIN MOSCOW, IDAHO 83843		3. Incorporated Under The Laws of STATE OF IDAHO																					
	4. Names and Addresses of Officers and Directors																							
<table border="1"> <thead> <tr> <th data-bbox="51 394 743 437">Name</th> <th data-bbox="743 394 1156 437">Street or P.O. Address</th> <th data-bbox="1156 394 1371 437">City</th> <th data-bbox="1371 394 1486 437">State</th> <th data-bbox="1486 394 1632 437">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="51 437 743 479">President: Ernest P. Moehnert, DDS</td> <td data-bbox="743 437 1156 479">PO Box 9081</td> <td data-bbox="1156 437 1371 479">Moscow</td> <td data-bbox="1371 437 1486 479">ID</td> <td data-bbox="1486 437 1632 479">83843</td> </tr> <tr> <td data-bbox="51 479 743 522">Secretary: Ernest P. Moehnert, DDS</td> <td data-bbox="743 479 1156 522">"</td> <td data-bbox="1156 479 1371 522">"</td> <td data-bbox="1371 479 1486 522">"</td> <td data-bbox="1486 479 1632 522">"</td> </tr> <tr> <td data-bbox="51 522 743 841">Directors: Pat Ross</td> <td data-bbox="743 522 1156 841">315 S. Almond</td> <td data-bbox="1156 522 1371 841">"</td> <td data-bbox="1371 522 1486 841">"</td> <td data-bbox="1486 522 1632 841">"</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: Ernest P. Moehnert, DDS	PO Box 9081	Moscow	ID	83843	Secretary: Ernest P. Moehnert, DDS	"	"	"	"	Directors: Pat Ross	315 S. Almond	"	"	"
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Directors: Pat Ross	315 S. Almond	"	"	"																				
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. Signature <u>Ernest P. Moehnert, DDS</u> Date <u>6/30/87</u> Name <small>(Typed or Printed)</small> <u>Ernest P. Moehnert, DDS</u> Title <u>Pres.</u>																							

ENTERED
JUL 18 1987