

No. C 83652

Annual Report Form

1997

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

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

COEUR D'ALENE DENTURE CLINIC
CARLA (JESS) WOLFRUM
1119 N. 4TH STREETCARLA (JESS) WOLFRUM
1119 N. 4TH STREET

COEUR D'ALENE ID 83814

3. Organized Under the Laws of:

ID C 83652

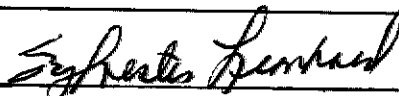
4. Corporations: Enter Names and Business Addresses of
- President, Secretary and Directors**
-
- Limited Liability Companies: Enter Names and Addresses of
- ☐
- Managers**
- or
- ☐
- Members**
- (check one)

Office heldNameStreet or P.O. AddressCityStateZipPRESIDENT
SEC/TREASSYLVESTER LEONHARD
CARLA WOLFRUM9102 BEAUTY BAY ROAD,
E. 1812 LOOKOUT DRIVE,COEUR D'ALENE, ID 83814
COEUR D'ALENE, ID 83814

5.

6.

Signature



Date

8/14/97

Name (Typed or Printed)

SYLVESTER LEONHARD

Title

OFFICER

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

26655