

No. C110446	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 DAVID E. THOMAS, D.D.S., P.A. DAVID E THOMAS 19128 WAGNER ROAD CALDWELL ID 83605		DAVID E THOMAS 19128 WAGNER ROAD CALDWELL ID 83605
	3. Organized Under the Laws of: ID C110446		

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	DAVID E. THOMAS	19128 WAGNER RD.	CALDWELL	ID	83605
SECRETARY	KERRY L. THOMAS	19128 WAGNER RD.	CALDWELL	ID	83605
TREASURER					

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>[Signature]</u> Name (Typed or Printed) <u>DAVID E. THOMAS D.D.S. P.A.</u>	Date <u>JULY 17, 1996</u> Title <u>OWNER/PRES.</u>

ISSUED: 07-06-1996

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