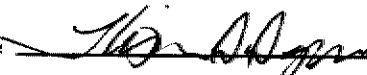


No. C101069	Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P.O. BOX THOMAS D. DEPPE, D.D.S. 1601 12TH AVE RD NAMPA ID 83686	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct THOMAS D. DEPPE, D.D.S., P.A. THOMAS D. DEPPE, D.D.S. 1601 12TH AVE RD NAMPA ID 83686		3. Organized Under the Laws of: ID C101069	
** FINAL NOTICE **				
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)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
President	THOMAS D. DEPPE	1200 TORREY LN	NAMPA	ID 83686
Secretary	WENDY L. DEPPE	1200 TORREY LN	NAMPA	ID 83686
5.		6.		
		Signature <u></u> Date <u>16 Nov 97</u>		
		Name (Typed or Printed) <u>THOMAS D. DEPPE</u> Title <u>President</u>		

ISSUED: 10-04-1997

DO NOT TAPE OR STAPLE

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