

No. <u>6268</u> Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 1. Mailing Address: <i>Please Correct If Not Correct</i> ROBERT A. RIDGEWAY, D.D.S., ROBERT A. RIDGEWAY 1001 SHOSHONE ST. N. TWIN FALLS ID 83301	2. Registered Agent and Office NOT A P.O. BOX ROBERT A. RIDGEWAY 1001 SHOSHONE ST. NORTH TWIN FALLS ID 83301 3. Incorporated Under The Laws of ID NO: 064248																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Robert A. Ridgeway</td> <td>Rt. #3</td> <td>Twin Falls</td> <td>Id.</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>Nancy N. Ridgeway</td> <td></td> <td>Twin Falls</td> <td>Id.</td> <td>83301</td> </tr> <tr> <td>Directors:</td> <td>Robert A. and Nancy Ridgeway.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Robert A. Ridgeway	Rt. #3	Twin Falls	Id.	83301	Secretary:	Nancy N. Ridgeway		Twin Falls	Id.	83301	Directors:	Robert A. and Nancy Ridgeway.				
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5. Nature of Business Orthodontist	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>Robert A. Ridgeway</u> Name (Typed or Printed) <u>Robert A. Ridgeway</u> Date <u>7/11/91</u> Title <u>Owner</u>																									