

## INSTRUCTIONS ON REVERSE SIDE

No. 81782	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1994	2. Registered Agent and Office <b>NOT A P.O. BOX</b> D.H. "SKIP" PIERCE, D.D.S. 480 N. LATAH
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>** FINAL NOTICE **</b> <b>NO FEE REQUIRED</b>	1. Mailing Address — <i>Please Correct, If Not Correct</i> D. H. "SKIP" PIERCE, D.D.S., D. D.H. "SKIP" PIERCE, D.D.S. 480 NORTH LATAH	BOISE ID 83706
	BOISE ID 83706	3. Incorporated Under The Laws of ID NO: 81782

## 4. Names and Addresses of Officers and Directors

## MUST BE PRINTED OR TYPED

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Dean H. Pierce	2069 Creekside Lane	Boise	Idaho	83706
Secretary:	Linda Pierce	2069 Creekside Lane	Boise	Idaho	83706
Directors:					

## 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

Name (Typed or Printed)

Dean H. "Skip" Pierce

Date

Title

10/24/94