<b>─</b>		2. Registered Agent and Office NOT A P.O. BOX  JOSEPH C. GEORGE  325 WEST. 100 NORTH		
<u> </u>				
GEORGE DENT	ENTAL CLINIC, P.A.:	RIGBY	ID	83442
		3. Incorporated Under The Laws of		
RIGBY	ID 83442 0000	NO: 76346		
rs and Directors		<u></u>		
Name	Street or P.O. Address	City	State	Zip
GEORGE	120 W. MAIN	RIGBY	ID	83442
GEORGE	120 W. MAIN	RIGBY	ID	83442
6.1 certify t	that this Annual Report has been examined and complete		_	
Signature //www	RICHARD H. GEORGE	<del></del>	<i>T—( 4 — — — — — — — — — — — — — — — — — —</i>	
	Due No Leter  Mailing Ao tress  GEORGE DENT JOSEPH C. G. 325 WEST 10  RIGBY  rs and Directors  Name  GEORGE  GEORGE  GEORGE  Signature	Name Street or P.O. Address  GEORGE 120 W. MAIN  GEORGE 120 W. MAIN  120 W. MAIN  6. I certify that this Annual Report has been exarting, correct and complete.  Signature	Due Not Leter Than November 1,1992  I Mailing Ao Ires. Please Correct. II. Not Correct  GEORGE DENTAL CLINIC, P.A.  JOSEPH C. GEORGE 325 WEST 100 NORTH  RIGBY  ID 83442 0000  RIGBY  RIGBY  ID 83442 0000  RIGBY  RIGBY  GEORGE 120 W. MAIN  RIGBY  GEORGE 120 W. MAIN  RIGBY  RIGBY  RIGBY  GEORGE 120 W. MAIN  RIGBY  RIGBY  Date  Date	Due No Leter Than November 1,1992  I Mailling Ao licss. Please Conect. II Not Conect  GEORGE DENTAL CLINIC, P.A.  JOSEPH C. GEORGE 325 WEST 100 NORTH  RIGBY ID  Sincorporated Under The Laws of No: 76346  Is and Directors  Name Street or PO. Address City State  GEORGE 120 W. MAIN RIGBY ID  On the control of the best of my true, correct and compatite Signature Date 7-14-5