

No. 84267											
Return To											
Secretary of State Room 203, Statehouse Boise, ID 83720											
RECEIVED											
NO SEC. RE STATE NO SEC. REQUIRED											
89 JUN 13 AM 10 37											
4. Names and Addresses of Officers and Directors											
President: Secretary: Directors:	<table border="0"> <tr> <td>Name</td> <td>Street or P.O. Address</td> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>R. Glenn McMinn Annette H. McMinn</td> <td>13574 No. Moonglow 13574 No. Moonglow</td> <td>Pocatello Pocatello,</td> <td>ID ID</td> <td>83202 83202</td> </tr> </table>	Name	Street or P.O. Address	City	State	Zip	R. Glenn McMinn Annette H. McMinn	13574 No. Moonglow 13574 No. Moonglow	Pocatello Pocatello,	ID ID	83202 83202
Name	Street or P.O. Address	City	State	Zip							
R. Glenn McMinn Annette H. McMinn	13574 No. Moonglow 13574 No. Moonglow	Pocatello Pocatello,	ID ID	83202 83202							
5. Nature of Business											
Orthodontic											

Idaho Corporation Annual Report Form	
Due No Later Than November 1, 1989	
1. Mailing Address — Please Correct	84267
R. GLENN MCMINN, D.D.S., M.S.D., P.A.	
R. GLENN MCMINN, <del>RE</del> 115 SOUTH 15TH, SUITE F	
POCATELLO ID 83201	
2. Registered Agent and Office	
R. GLENN MCMINN, <del>RE</del> 13574 NORTH MOONGLOW LANE	
115 SOUTH 15 <sup>TH</sup> , SUITE F	
POCATELLO ID 83202	
3. Incorporated Under The Laws	
of IDAHO	
NO: 84267	

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	<i>R. Glenn McMinn</i>
Name (Type or Printed)	R. GLENN MCMINN
Date	7-11-89
Title	PRES