| No. 81782 | Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 1 Mailing Address Please Correct II Not Correct | | 2. Registered Agent and Office NOT A P.O. BO | | |
|---|---|---|--|-------------------|------------------------------|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 | | | D.H. "SKIP" PIERCE, D.D.S 480 N. LATAH | | |
| | | | | | |
| | Incorporated Under The Laws of ID | | | | |
| | NO FEE REQUIRED | BOISE | ID 83706 | MO: 081782 | |
| . Names and Addresses of Offic | ers and Directors | - " " " " " " " " " " " " " " " " " " " | | | |
| President: Secretary: | Name D. H. SICIP PIERCE LINDR L PIERCE | Street or P.O. Address 480 N LATAN 2069 Creeksing | <u>City</u> ৪০১ <u>২</u> উ০ <i>া</i> হ | State IO IO | <u>Zip</u> 83706 83706 |
| Directors: | | | | | |
| . Nature of Business | 6. I certify that this true, correct and | Annual Report has been exar | nined by me and is to the | best of my | knowledge |
| Dentistry | Signature (Timed or | lean & Pure on | | 15/91 | |
| 7 | Name (Typed or Printed) | DEAN H. PIERCE, T | DIDS Title | Presiden | (f. |