

No. 13420	Idaho Corporation Annual Report Form Due No Later Than November 1, 1988		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE 88 OCT 27 AM 9 45	1. Mailing Address — Please Correct 0185928		N. DAVID CROW 123 S. THIRD STREET SANDPOINT, IDAHO 83864																									
	N. DAVID CROW, D.D.S., P.C. N. DAVID CROW 617 BRADY STREET DAVENPORT, IOWA 52803																											
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>N. David Crow</td> <td>123 So 3rd</td> <td>Sandpoint</td> <td>ID</td> <td>83869</td> </tr> <tr> <td>Secretary:</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	N. David Crow	123 So 3rd	Sandpoint	ID	83869	Secretary:	"	"	"	"	"	Directors:					
	Name	Street or P.O. Address	City	State	Zip																							
President:	N. David Crow	123 So 3rd	Sandpoint	ID	83869																							
Secretary:	"	"	"	"	"																							
Directors:																												
5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																										
orthodontix	Signature <i>N. David Crow</i> Name (Typed or Printed) N. David Crow		Date 10-25-88 Title Pres																									

 ENTERED
 OCT 28 1988