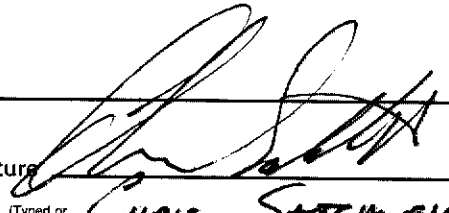


No. C110269	Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct EMMETT DENTAL GROUP, P.A. CHRIS A SATCHWELL 119 N WARDWELL		CHRIS A SATCHWELL 119 N WARDWELL EMMETT ID 83617	
	3. Organized Under the Laws of: EMMETT ID 83617		ID C110269	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
PRESIDENT	CHRIS A SATCHWELL	2373 HAW CREEK.	EMMETT	ID. 83617
SECRETARY	APRIL SATCHWELL	2373 HAW CREEK.	EMMETT	ID. 83617
5.		6. <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 20px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> 8/24/97 Date </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;"> CHRIS SATCHWELL Name (Typed or Printed) </div> <div style="text-align: center;"> PRESIDENT Title </div> </div>		

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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