

INSTRUCTIONS ON REVERSE SIDE

No. 58351		Idaho Corporation Annual Report Form Due No Later Than November 1, 1993		ISSUED: 07-11-1993
Return To Secretary of State Room 203, Statehouse Boise, ID 83720		1. Mailing Address - <i>1600 Capitol Mall, Boise, ID 83720</i>		2. Registered Agent and Office NOT A P.O. BOX
* FIRST NOTICE * NO FEE REQUIRED		VERNON O. GAFFNER, D.M.D., P.A. VERNON O. GAFFNER 333 S. WOODRUFF AVENUE IDAHO FALLS ID 83401		WINSTON V. BEARD 683 NORTH CAPITAL, PO BOX 96 IDAHO FALLS ID 83401
4. Names and Addresses of Officers and Directors		MUST BE PRINTED OR TYPED		
President: <i>VERNON O. GAFFNER, D.M.D.</i>		Street or P.O. Address <i>2180 BRIMCLIFF</i>	City <i>IDAHO FALLS</i>	State <i>IDAHO</i> Zip <i>83401</i>
Secretary: <i>CAROLINN GAFFNER</i>		<i>2180 BRIMCLIFF</i>	<i>IDAHO FALLS</i>	<i>IDAHO</i> <i>83401</i>
Directors: <i>VERNON O. GAFFNER, D.M.D. and</i> <i>CAROLINN GAFFNER</i>		<i>2180 BRIMCLIFF</i>	<i>IDAHO FALLS</i>	<i>IDAHO</i> <i>83401</i>
5. Nature of Business <i>FAMILY DENTISTRY</i>		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>Carolinin Gaffner</i> Name (Typed or Printed) <i>CAROLINN GAFFNER</i>	Date <i>9/20/93</i>	Title <i>SECRETARY</i>