

INSTRUCTIONS ON REVERSE SIDE

No. 58351

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1993

1. Mailing Address - Please Print or Type Clearly

VERNON O. GAFFNER, D.M.D., P.A.
 VERNON O. GAFFNER
 333 S. WOODRUFF AVENUE

IDAHO FALLS ID 83401

ISSUED: 07-01-1993

2. Registered Agent and Office NOT A P.O. BOX

WINSTON V. BEARD
 683 NORTH CAPITAL, PO BOX 96
 IDAHO FALLS ID 83401

3. Incorporated Under The Laws
 of ID
 NO: 58351

Return To

Secretary of State
 Room 203, Statehouse
 Boise, ID 83720

* FIRST NOTICE *
 NO FEE REQUIRED

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

Name

Street or P.O. Address

City

State

Zip

President: VERNON O. GAFFNER, D.M.D.
 Secretary: CAROLINN GAFFNER
 Directors: VERNON O. GAFFNER, D.M.D. and
 CAROLINN GAFFNER

2180 BRIARCLIFF	IDAHO FALLS	IDAHO	83404
2180 BRIARCLIFF	IDAHO FALLS	IDAHO	83404
2180 BRIARCLIFF	IDAHO FALLS	IDAHO	83404

5. Nature of Business

FAMILY DENTISTRY

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

Name (Typed or Printed)

Carolinn Gaffner
 CAROLINN GAFFNER

Date

Title

9/20/93

SECRETARY