

INSTRUCTIONS ON REVERSE SIDE

No. 51288	Idaho Corporation Annual Report Form Due No Later Than November 1, 1990	2. Registered Agent and Office
Return To		NEIL L. KUNZ, D.M.D. 305 E. 5TH NORTH
Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address — Please Correct	ST. ANTHONY ID 83445 7
	KUNZ AND HOLGATE, P.A. DR. NEIL L. KUNZ 305 EAST 5TH NORTH ST. ANTHONY ID 83445	3. Incorporated Under The Laws of ID NO: 051288

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Dr. Neil L. Kunz	305 East 5th North	St. Anthony	Idaho	83445
Secretary:	Dr. Dan E. Holgate	305 East 5th North	St. Anthony	Idaho	83445
Directors:	Dr. Neil L. Kunz	"	"	"	"
	Dr. Dan E. Holgate	"	"	"	"

5. Nature of Business

Dental Office

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)

Neil L. Kunz, D.M.D.

Date

7/12/90

Title

President