

No. C 59151	Annual Report Form 1996 Due No Later Than November 30,		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 ORAL AND MAXILLOFACIAL SURGERY VERNON B. BECK, D.M.D. 333 S. WOODRUFF		WINSTON V BEARD 2105 CORONADO IDAHO FALLS ID 83404
	IDAHO FALLS ID 83401		3. Organized Under the Laws of: ID C 59151
	* FIRST NOTICE *		

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Vernon B Beck, DMD	333 S. Woodruff Ave	Idaho Falls	ID	83401
Sec.	Gary L. Sant, DMD	" " " "	" "	" "	" "
Directors	Gary L. Sant, DMD	" " " "	" "	" "	83401
"	Vernon B. Beck DMD	" " " "	" "	" "	" "

5. NATURE OF BUSINESS ORAL AND MAXILLOFACIAL	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 <u>Vernon B Beck DMD</u> Date <u>7/15/96</u> Name <u>Vernon B Beck DMD</u> Title <u>President</u>
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ISSUED: 07-06-1996

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