

No. <u>71193</u> Return To Secretary of State Room 203, Statehouse Boise, ID 83720  NO FEE REQUIRED	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991 Mailing Address: <i>Please Correct If Not Correct</i> DONALD L. PAPE, D.D.S., P.A. DONALD L. PAPE 1675 HILL ROAD  BOISE ID 83702	2. Registered Agent and Office NOT A P.O. BOX DONALD L. PAPE 1675 HILL ROAD  BOISE ID 83702 3. Incorporated Under The Laws of ID NO: 071193																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>D. Pape DDS</td> <td>1675 Hill Rd</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>Secretary:</td> <td>Darlene "</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	D. Pape DDS	1675 Hill Rd	Boise	ID	83702	Secretary:	Darlene "	"	"	"	"	Directors:					
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Secretary:	Darlene "	"	"	"	"																					
Directors:																										
5. Nature of Business 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 <u>[Signature]</u> Date <u>7/15/91</u> Name (Typed or Printed) <u>D. Pape DDS</u> Title <u>Pres</u>																									