

RECEIVED JUL 08 1988

No. 043920	Idaho Corporation Annual Report Form		2. Registered Agent and Office													
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SLC 88 OCT 11 PM	Due No Later Than November 1, 1988		TAMARA C BRANDSTETTER 2605 TERRACE WAY BOISE, IDAHO 83702													
	1. Mailing Address — Please Correct 043920															
	DELTA DENTAL PLAN OF IDAHO, INC. TAMARA BRANDSTETTER P.O. BOX 2870 BOISE, IDAHO 83701		3. Incorporated Under The Laws of ENTERED STATE OF IDAHO OCT 12 1988													
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <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 colspan="4" rowspan="3">SEE ATTACHED SHEET</td> </tr> <tr> <td>Secretary:</td> </tr> <tr> <td>Directors:</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President:	SEE ATTACHED SHEET				Secretary:	Directors:
Name	Street or P.O. Address	City	State	Zip												
President:	SEE ATTACHED SHEET															
Secretary:																
Directors:																
5. Nature of Business Dental Insurance	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>Tamara C. Brandstetter</td> <td>10/07/88</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>Tamara C. Brandstetter</td> <td>Executive Director</td> </tr> </table>				Signature	Date	Tamara C. Brandstetter	10/07/88	Name (Typed or Printed)	Title	Tamara C. Brandstetter	Executive Director				
Signature	Date															
Tamara C. Brandstetter	10/07/88															
Name (Typed or Printed)	Title															
Tamara C. Brandstetter	Executive Director															

Jim Campbell, D.D.S.
3326 - 4th Street
Lewiston, ID 83501
746-3694

Dentistry
General Practice

Mike B. Dingman, D.D.S.
800 Falls Avenue, #8
Twin Falls, ID 83301
733-6074

Chairman Elect- DDPI
Dentistry
General Practice

- A. Please correct any pre-pri Craig A. Burtenshaw, D.D.S.
200 W. Woodruff
Idaho Falls, ID 83401
529-0120

Dentistry
General Practice

- B. You may change the infor H. Gene Hoge, D.M.D.
1246 Yellowstone, Ste. B1
any address must be the physi Pocatello, ID 83201
any necessary changes or 237-2462

Dentistry
General Practice

- C. You must enter complete ir Jack Kulm, D.M.D.
Box 512
D. This report must be signec Wendell, ID 83355
agent or attorney is NOT s 536-5441

Chairman - DDPI
Dentistry
General Practice

- E. Return completed annual re Steve Bruce, D.M.D., P.A.
1212 N. Cole Rd.
Boise, ID 83704
376-2920

Dentistry
General Practice

Don H. Reynolds, D.D.S., P.A.
P. O. Box 630
Mountain Home, ID 83647
587-3314

Dentistry
General Practice

Mr. John J. Straubhar (Jack)
Armstrong & Company
P. O. Box 820 (834 Falls)
Twin Falls, ID 83303
376-7330 or 733-5200

Secretary-Treasurer - DDPI
Co-Owner

annual report form. The registered office
ing regular business hours. Please make
filing fee.

bookkeeper, office manager, accountant,