

74778

No.	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — Please Correct, If Not Correct		WILLIAM G. JEPPE, JR. 111 SOUTH MAIN STREET HOMEDALE ID 83628																									
	OWYHEE FAMILY DENTAL CENTER, P. WILLIAM G. JEPPE, JR. P.O. BOX 1170		3. Incorporated Under The Laws of ID NO: 74778 74778																									
	HOMEDALE ID 83628 0000																											
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>WILLIAM G. JEPPE JR</td> <td>P.O. BOX 1170</td> <td>HOMEDALE</td> <td>ID</td> <td>83628</td> </tr> <tr> <td>Secretary:</td> <td>MICHELLE A. JEPPE</td> <td>P.O. BOX 1170</td> <td>HOMEDALE</td> <td>ID</td> <td>83628</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	WILLIAM G. JEPPE JR	P.O. BOX 1170	HOMEDALE	ID	83628	Secretary:	MICHELLE A. JEPPE	P.O. BOX 1170	HOMEDALE	ID	83628	Directors:					
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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. <table> <tr> <td>Signature</td> <td><i>Michelle A. Jeppe</i></td> <td>Date</td> <td><i>7-30-92</i></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>MICHELLE A. JEPPE</td> <td>Title</td> <td><i>Secretary</i></td> </tr> </table>			Signature	<i>Michelle A. Jeppe</i>	Date	<i>7-30-92</i>	Name (Typed or Printed)	MICHELLE A. JEPPE	Title	<i>Secretary</i>																
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