

## INSTRUCTIONS ON REVERSE SIDE

ISSUED: Oct-5-U-1990

No. 51431		Idaho Corporation Annual Report Form		2. Registered Agent and Office	
Return To  Secretary of State Room 203, Statehouse Boise, ID 83720		Due No Later Than November 1, 1990		JACK L. HOGAN, D.D.S. 1606 17TH ST.	
		1. Mailing Address — Please Correct		LEWISTON ID 83501	
		JACK L. HOGAN, D.D.S., P.A. JACK L. HOGAN 1606 17TH ST		3. Incorporated Under The Laws of ID	
NO FEE REQUIRED		LEWISTON, ID 83501		NO: 051431	

## 4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	JACK L. HOGAN	2814 SUNSET DRIVE	LEWISTON	IDAHO	83501
Secretary:	JOAN HOGAN	2814 SUNSET DRIVE	LEWISTON	IDAHO	83501
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

Name (Typed or Printed)

JACK L. HOGAN

Date

7-10-90

Title

PRESIDENT