

No. 51431	<b>Idaho Corporation Annual Report Form</b>	2. Registered Agent and Office
Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>  <b>NO FEE REQUIRED</b>	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  LEWISTON ID 83501	3. Incorporated Under The Laws of ID  NO: 051431

## 4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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

Title

PRESIDENT