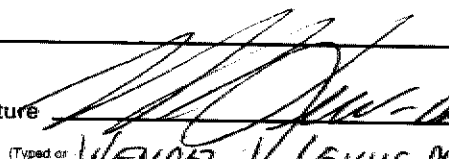
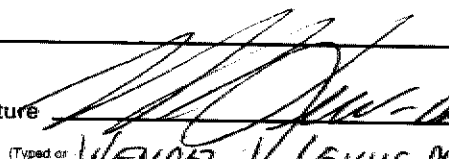
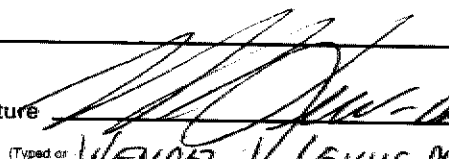


No. C 52051	Annual Report Form 1997 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct WENDEL J. LEWIS, D.M.D., P.A. WENDEL J. LEWIS, D.M.D. 30 PROFESSIONAL PLZ REXBURG ID 83440		WENDEL J. LEWIS, D.M.D. 30 PROFESSIONAL PLAZA REXBURG ID 83340 3. Organized Under the Laws of: ID C 52051																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="1" data-bbox="28 340 1473 510"> <thead> <tr> <th>Office held</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>WENDEL J. LEWIS DMD</td> <td>30 Professional Plaza</td> <td>Rexburg</td> <td>ID.</td> <td>83440</td> </tr> <tr> <td>Secretary</td> <td>Sharon B. LEWIS</td> <td>30 Professional Plaza</td> <td>Rexburg</td> <td>ID.</td> <td>83440</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	WENDEL J. LEWIS DMD	30 Professional Plaza	Rexburg	ID.	83440	Secretary	Sharon B. LEWIS	30 Professional Plaza	Rexburg	ID.	83440
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ISSUED: 10-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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