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| No. 76508 | Idaho Corporation Annual Report Form Due No Later Than November 1, 1993 | | 2. Registered Agent and Office NO A P.O. BOX KIRBY CLENDON, D.D.S. 1711 SOUTH 10TH AVENUE CALDWELL ID 83605 | |
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 | 1. Mailing Address Printed Name of Registered Agent KIRBY CLENDON, D.D.S. / A PROF KIRBY L. CLENDON, DDS 1711 S. TENTH AVENUE CALDWELL ID 83605 | | 3. Incorporated Under The Laws of NV NO: 76508 | |
| ** FINAL NOTICE ** NO FEE REQUIRED | | | | |
| 4. Names and Addresses of Officers and Directors | | | | |
| MUST BE PRINTED OR TYPED | | | | |
| | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> |
| President: | KIRBY L. CLENDON | 1711 S. Tenth AVE | CALDWELL | ID 83605 |
| Secretary: | " | " | " | " |
| Directors: | " | " | " | " |
| 5. Nature of Business <div style="font-size: 1.5em; margin-top: 10px;">Dental office</div> | | | | |
| 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 <i>Kirby Clendon DDS</i> Name (Typed or Printed) KIRBY CLENDON DDS | | Date 10-15-93 Title PRES. DDS | | |