

No. C 42513

Due no later than Jul 31, 2001

Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

JAMES M. MINAS, D.D.S. DENTAL PROFE
JAMES M MINAS
7337 NORTHVIEW

BOISE, ID 83704

2. Registered Agent and Office NO PO BOX

JAMES M MINAS
7337 NORTHVIEW ST.

BOISE, ID 83704

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	JAMES M. MINAS, DDS	7337 NORTHVIEW	BOISE	IDAHO	83704
SECRETARIES	JUDITH J. MINAS	3400 STONE CREEK RD	BOISE	IDAHO	83703

5. Organized Under the Laws of:

IDAHO
C 42513

6.

Signature

Name
(Type or Printed)

James M. Minas, DDS
JAMES M. MINAS DDS

Date

Title:

~~X~~

5/16/01

PRESIDENT

2857