

No. **58021**

Return To
**Secretary of State
Room 203, Statehouse
Boise, ID 83720**

*** FIRST NOTICE *
NO FEE REQUIRED**

Idaho Corporation Annual Report Form
Due No Later Than November 1, 1992

1. Mailing Address — Please Correct If Not Correct

**G. ANTHONY WOLFF, D.D.S., P.A.
G. ANTHONY WOLFF
109 12TH AVE. ROAD**

NAMPA ID 83686 0000

2. Registered Agent and Office NOT A P.O. BOX

**G. ANTHONY WOLFF
109 12TH AVE. RD.**

NAMPA ID 83686

**3. Incorporated Under The Laws
of ID**

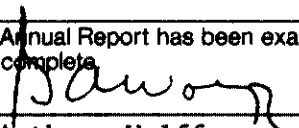
NO: 58021

| 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: | G. Anthony Wolff, D.D.S., P.A. | 109 12th Ave. Rd. | Nampa | ID | 83686 |
| Secretary: | Katherine J. Wolff | 431 W. Bird Ave. | Nampa | ID | 83686 |
| Directors: | G. Anthony Wolff, D.D.S., P.A. | 109 12th Ave. Rd. | Nampa | ID | 83686 |
| | Katherine J. Wolff | 431 W. Bird Ave. | Nampa | ID | 83686 |

5. Nature of Business

Dental

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  Date **July 14, 1992**

Name (Typed or Printed) **G. Anthony Wolff** Title **D.D.S., P.A.**