

No. C110450	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX MICHAEL W BENEDICK 301 E ASH CALDWELL ID 83605																									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct MICHAEL W. BENEDICK, D.D.S., MICHAEL W BENEDICK 301 E ASH CALDWELL ID 83605		3. Organized Under the Laws of: ID C110450																									
	4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>MICHAEL W. BENEDICK D.D.S.</td> <td>301 E. Ash</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> <tr> <td>SECRETARY</td> <td>CAROL L. BENEDICK</td> <td>301 E. Ash</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> <tr> <td>DIRECTOR</td> <td>MICHAEL W. BENEDICK D.D.S.</td> <td>301 E. Ash</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	MICHAEL W. BENEDICK D.D.S.	301 E. Ash	Caldwell	ID	83605	SECRETARY	CAROL L. BENEDICK	301 E. Ash	Caldwell	ID	83605	DIRECTOR	MICHAEL W. BENEDICK D.D.S.	301 E. Ash	Caldwell	ID	83605
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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 <u><i>Michael W. Benedict</i></u> Date <u>7/23/96</u> Name (Typed or Printed) <u>Michael W. Benedict D.D.S.</u> Title <u>PRESIDENT</u>																										

ISSUED: 07-06-1996

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