

No. C 58021

## Annual Report Form

1996

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

1. Mailing Address - Please Correct, If Not Correct

G. ANTHONY WOLFF, D.D.S., P.  
G. ANTHONY WOLFF  
109 12TH AVE. ROADG. ANTHONY WOLFF  
109 12TH AVE. RD.

NAMPA ID 83686

3. Organized Under the Laws of:

\* FIRST NOTICE \*

NAMPA ID 83686

ID C 58021

4. Corporations: Enter Names and Addresses of
- President, Secretary and Directors**
- 
- Limited Liability Companies: Enter Names and Addresses of
- ☐
- Managers or
- ☐
- Members (check one)

Office heldNameStreet or P.O. AddressCityStateZip

PRESIDENT:	G. ANTHONY WOLFF	109 12TH AVE. ROAD	NAMPA	ID	83686
SECRETARY:	KATHERINE WOLFF	109 12TH AVE. ROAD	NAMPAM	ID	83686

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

Date 7/15/96

Name (Typed or Printed)

G. ANTHONY WOLFF

Title PRESIDENT

ISSUED: 07-06-1996

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