

INSTRUCTIONS ON REVERSE SIDE

No. 58351	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX WINSTON V. BEARD 683 NORTH CAPITAL, PO BOX IDAHO FALLS ID 83401
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address Please Correct If Not Correct VERNON O. GAFFNER, D.M.D., VERNON O. GAFFNER 333 S. WOODRUFF AVENUE IDAHO FALLS ID 83401	3. Incorporated Under The Laws of ID NO: 058351

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:	VERNON O. GAFFNER, D.M.D.	2180 BRIARCLIFF	IDAHO FALLS,	IDAHO	83404
Secretary:	CAROLINN GAFFNER	2180 BRIARCLIFF	IDAHO FALLS,	IDAHO	83404
Directors:	VERNON O. GAFFNER, D.M.D. AND				
	CAROLINN GAFFNER	2180 BRIARCLIFF	IDAHO FALLS,	IDAHO	83404

5. Nature of Business FAMILY 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. <table style="width: 100%;"> <tr> <td style="width: 60%;"> Signature <u>Carolinn Gaffner</u> Name <small>(Typed or Printed)</small> <u>CAROLINN GAFFNER</u> </td> <td style="width: 40%;"> Date <u>7/2/91</u> Title <u>SECRETARY</u> </td> </tr> </table>	Signature <u>Carolinn Gaffner</u> Name <small>(Typed or Printed)</small> <u>CAROLINN GAFFNER</u>	Date <u>7/2/91</u> Title <u>SECRETARY</u>
Signature <u>Carolinn Gaffner</u> Name <small>(Typed or Printed)</small> <u>CAROLINN GAFFNER</u>	Date <u>7/2/91</u> Title <u>SECRETARY</u>		