

INSTRUCTIONS ON REVERSE SIDE

No. 05928

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1993

1. Mailing Address (Please Check if Not Correct)

N. DAVID CROW, D.D.S., P.C.

N. DAVID CROW

~~12 SOUTH THIRD STREET~~

301 S. DIVISION

SANDPOINT

ID 83864

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

N. DAVID CROW

123 S. THIRD STREET

SANDPOINT

ID 83864

3. Incorporated Under The Laws

of

ID

NO: 85928

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720* FIRST NOTICE *
NO FEE REQUIRED

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

Name

Street or P.O. Address

City

State

Zip

President:

N. DAVID CROW

301 S. DIVISION

SANDPOINT

ID

83864

Secretary:

N. DAVID CROW

301 S. DIVISION

SANDPOINT

ID

83864

Directors:

N. DAVID CROW

301 S. DIVISION

SANDPOINT

ID

83864

5. Nature of Business

ORTHODONTIST

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

Name (Typed or Printed)

N. David Crow

Date

8-26-93

Title

DDS, MS