| | INSTRUCTI | | |
|---|-----------------------------|--------------------------------|--|
| No. 49645 | Idaho Corporation | on Annual Report Form | 2. Registered Agent and Office NOT A P.O. BO |
| Return To | | n November 1,1991 | / SUE A. WOMPOLT 321 EMERALO DRIVE |
| Secretary of State Room 203, Statehouse Boise, ID 83720 | | ewse Correct, H. Not. Correct | |
| | JEFFREY G. WOMBOLT, D.D.S., | | KELLOGG ID 83937 |
| • | 418 WEST CAME | ERON AVENUE | Incorporated Under The Laws of ID |
| NO FEE REQUIRED | KELLOGG | 10 83837 | NO: 049645 |
| I. Names and Addresses of Office | rs and Directors | | |
| | Name | Street or P.O. Address | City State Zip |
| And the second | C 1 | _ (| |
| President: DR. JEFF Secretary: Sue A. Directors: | WomBo LT | 321 Emerili 321 Emeril | d DR. Kelling, ID. 838 ed DR. Kellogg, ID. 83 |
| Secretary: Sue A. Directors: | WOMBOLT | 321 Emerili 321 Emeril | d DR. Kelling, ID. 83 ed DR. Kellogg, ID. 83 |
| Secretary: Sue A. Directors: | WomBo LT | 321 Emerili 321 Emeril | d DR. Kelling, ID. 83 ed DR. Kullong, ID. 83 |
| Secretary: Sue A. Directors: | Wom BOLT | 321 Emeru | d DR. Kelling, ID. 83 ed DR. Kellong, ID. 83 |
| | 6.1 certify that | this Annual Report has been ex | amined by me and is to the best of my knowledge |
| Secretary: Sue A. Directors: 5. Nature of Business Dentistry | 6.1 certify that | · | V U |