

No. 072129	Idaho Corporation Annual Report Form		2. Registered Agent and Office																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE 87 JUL 7 AM	Due No Later Than November 1, 1987		NEIL O. NORMAN 302 EAST CAMERON KELLOGG, IDAHO 83837																					
	1. Mailing Address — Please Correct 072129																							
	NEIL O. NORMAN, D.D.S., P.A. NEIL O. NORMAN 302 EAST CAMERON KELLOGG, IDAHO 83837		3. Incorporated Under The Laws of STATE OF IDAHO																					
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: NEIL O. NORMAN</td> <td>E. 302 CAMERON</td> <td>KELLOGG</td> <td>ID</td> <td>83837</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 20px;">           ENTERED            JUL 13 1987         </div>					Name	Street or P.O. Address	City	State	Zip	President: NEIL O. NORMAN	E. 302 CAMERON	KELLOGG	ID	83837	Secretary:					Directors:				
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President: NEIL O. NORMAN	E. 302 CAMERON	KELLOGG	ID	83837																				
Secretary:																								
Directors:																								
5. Nature of Business Dentist	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>Neil O. Norman</u> Date <u>7-1-87</u> Name (Typed or Printed) <u>NEIL O. NORMAN</u> Title <u>D.D.S.</u>																							

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