

<b>No. 42513</b>  Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b> <i>Due No Later Than November 1, 1990</i> 1. Mailing Address — Please Correct <b>JAMES M. MINAS, D.D.S. DENT</b> <b>JAMES M. MINAS</b> <b>7337 NORTHVIEW</b>  <b>BOISE ID 83704</b>	2. Registered Agent and Office <b>JAMES M. MINAS</b> <b>7337 NORTHVIEW ST.</b>  <b>BOISE ID 83704 19</b> 3. Incorporated Under The Laws of <b>ID</b> <b>NO: 042513</b>																				
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: <b>DR. JAMES M. MINAS</b></td> <td><b>7557 NORTHVIEW</b></td> <td><b>BOISE</b></td> <td><b>IDAHO</b></td> <td><b>83704</b></td> </tr> <tr> <td>Secretary: <b>JUDITH J. MINAS</b></td> <td><b>7337 NORTHVIEW</b></td> <td><b>BOISE</b></td> <td><b>IDAHO</b></td> <td><b>83704</b></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: <b>DR. JAMES M. MINAS</b>	<b>7557 NORTHVIEW</b>	<b>BOISE</b>	<b>IDAHO</b>	<b>83704</b>	Secretary: <b>JUDITH J. MINAS</b>	<b>7337 NORTHVIEW</b>	<b>BOISE</b>	<b>IDAHO</b>	<b>83704</b>	Directors:				
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5. Nature of Business  <b>GENERAL DENTISTRY</b>	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 border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td><b>DR. JAMES M. MINAS</b></td> <td><b>7/9/90</b></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td><b>DR. JAMES M. MINAS</b></td> <td><b>PRESIDENT</b></td> </tr> </table>		Signature	Date	<b>DR. JAMES M. MINAS</b>	<b>7/9/90</b>	Name (Typed or Printed)	Title	<b>DR. JAMES M. MINAS</b>	<b>PRESIDENT</b>												
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