

No. C106669	Annual Report Form 1995 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct KEVIN L. HAMBLIN, D.D.S. KEVIN LAVAR HAMBLIN 1218 FILER AVE EAST TWIN FALLS ID 83301		KEVIN L HAMBLIN 1218 FILER AVE EAST TWIN FALLS ID 83301
			3. Organized Under the Laws of: ID C106669
* FIRST NOTICE * TWIN FALLS ID 83301			

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	KEVIN L HAMBLIN	1218 Filer Ave East	Twin Falls	Id	83301
Secretary	Leslie A. Hamblin	1218 Filer Ave East	Twin Falls	Id	83301

5. NATURE OF BUSINESS 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. Signature <u>Kevin L Hamblin</u> Date <u>7-12-96</u> Name (Typed or Printed) <u>KEVIN L HAMBLIN</u> Title <u>President</u>
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ISSUED: 07-06-1995

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