

No. C 51288	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX NEIL L. KUNZ, D.M.D. 305 E. 5TH NORTH ST. ANTHONY ID 83445
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 KUNZ AND HOLGATE, P.A. DR. NEIL L. KUNZ PO BOX 567 ST. ANTHONY ID 83445		3. Organized Under the Laws of: ID C 51288
* FIRST NOTICE *			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u> President V.Pres/Sec	<u>Name</u> Neil L. Kunz Dan E. Holgate	<u>Street or P.O. Address</u> 625 E. 2 N. 405 N. 5th E.	<u>City</u> <u>State</u> <u>Zip</u> St. Anthony, ID 83445 St. Anthony, ID 83445
5. NATURE OF BUSINESS DENTISTS	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><i>Jared Richards</i></u> Date <u><i>7-20-96</i></u> Name (Typed or Printed) <u><i>Jared Richards</i></u> Title <u><i>Administrator</i></u>		

ISSUED: 07-06-1996

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