

No. C 42513	Annual Report Form 1996 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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		JAMES M. MINAS 7337 NORTHVIEW ST. BOISE ID 83704																		
	JAMES M. MINAS, D.D.S. DENTA JAMES M. MINAS 7337 NORTHVIEW BOISE ID 83704																				
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)			3. Organized Under the Laws of: ID C 42513																		
<table border="0"> <thead> <tr> <th>Office held</th> <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</td> <td>JAMES M. MINAS D.D.S.</td> <td>7337 NORTHVIEW</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>SECRETARY</td> <td>JUDITH J. MINAS</td> <td>3400 STONECREEK RD</td> <td>BOISE</td> <td>ID</td> <td>83703</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	JAMES M. MINAS D.D.S.	7337 NORTHVIEW	BOISE	ID	83704	SECRETARY	JUDITH J. MINAS	3400 STONECREEK RD	BOISE	ID	83703
Office held	Name	Street or P.O. Address	City	State	Zip																
PRESIDENT	JAMES M. MINAS D.D.S.	7337 NORTHVIEW	BOISE	ID	83704																
SECRETARY	JUDITH J. MINAS	3400 STONECREEK RD	BOISE	ID	83703																
5. NATURE OF BUSINESS Dentistry ANY LAWFUL	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>James M. Minas</u> Date <u>7/15/96</u> Name (Typed or Printed) <u>JAMES M. MINAS D.D.S.</u> Title <u>PRESIDENT</u>																				

ISSUED: 07-06-1995

19722