				UCTIONS ON REVERSE SIDE				ISSUED JULY 1, 1989					
	Hoom 203, Statehouse Boise,/ID 83720		lda	Idaho Corporation Annual Report Form Due No Later Than November 1,1989 1. Mailing Address — Please Correct 67627 STEVEN M. BRUCE, D.M.D., P.A. STEVEN M. BRUCE 1212 NORTH COLE ROAD					2. Registered Agent and Office				
			Due						STEVEN M. BRUCE 1212 NORTH COLE ROAD BOISE ID 83704				
			STEVEN STEVEN										
			1212 N						3. Incorporated Under The Laws of IDAHO				
	89 JUL 20	REQUIRED AM 8 54	BOISE			ID	83704				NO:	67627	
		ddresses of Offic	ers and Direc	tors									
	* .		Name	•	Stre	et or P.O.	Address -		City		<u>State</u>	Zip	
:	President: Secretary: Directors:	Steven M. Brenda Br					Mountain Mountain						
	i i											3	
	5. Nature of Bus	siness		6. I certify tha	t this Anr	nual Repo	ort has been exa	mined t	by me and is	to the bes	t of my k	nowledge	
-	General	Dentistry	7	true, correc	A Ce	ve	24- Bru		Dat	•	/17/89		
				Name (Typed or Printed)	Steve	en M.	Bruce		Title	e Pres	sident	-	