

<b>No. 058351</b>	<b>Idaho Corporation Annual Report Form</b> <i>Due No Later Than November 1, 1988</i>	<b>2. Registered Agent and Office</b>  <b>WINSTON V. BEARD</b> <b>683 NORTH CAPITAL, PO BOX</b> <b>IDAHO FALLS, IDAHO</b> <b>83401</b>			
<b>Return To</b>  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  RECEIVED SEC. OF STATE AUG 1 1988 PM 2 20	<b>1. Mailing Address — Please Correct 058351</b>  <b>VERNON O. GAFFNER, D.M.D., P.A.</b> <b>VERNON O. GAFFNER</b> <b>333 S. WOODRUFF AVENUE</b> <b>IDAHO FALLS, IDAHO</b> <b>83401</b>	<b>3. Incorporated Under The Laws</b> of  <b>STATE OF IDAHO</b>			
<b>Names and Addresses of Officers and Directors</b>					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Vernon O. Gaffner, D.M.D.	2180 Briarcliff	Idaho Falls	Idaho	83404
Secretary:	Carolinn R. Gaffner	2180 Briarcliff	Idaho Falls	Idaho	83404
Directors:	Vernon O. Gaffner, D.M.D.	2180 Briarcliff	Idaho Falls	Idaho	83404
	Carolinn R. Gaffner	2180 Briarcliff	Idaho Falls	Idaho	83404
<b>5. Nature of Business</b>  <b>Family Dentistry</b>		<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.</b>  Signature <u>Carolinn R. Gaffner</u> Date <u>7-28-88</u> Name (Typed or Printed) <u>Carolinn R. Gaffner</u> Title <u>Secretary</u>			

 ENTERED  
 AUG 3 1988