

No. 55974	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1990</i>	2. Registered Agent and Office STEVEN J. LARSEN 1088 NORTH SKYLINE IDAHO FALLS ID 83402 17
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED		1. Mailing Address — <i>Please Correct</i> STEVEN J. LARSEN, D.D.S., P STEVEN J. LARSEN PO BOX 51358 1088 N. SKY IDAHO FALLS ID 83405

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Steven Larsen, D.D.S.	P.O. Box 51358	Idaho Falls	Idaho	83405
Secretary:	Doug O'Brien	P.O. Box 50858	Idaho Falls	Idaho	83405
Directors:					

5. Nature of Business

Dental Office

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and accurate.

Signature

Name (Typed or Printed)

Dr. Steven J. Larsen

Date

July 23, 1990

Title