

No. 071619	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE 88 JUL 11 AM 9 12	Due No Later Than November 1, 1988		STEVEN F. NIELSEN 275-1/2 W. LOCUST SHELLEY, IDAHO 83274																									
	1. Mailing Address — Please Correct 071619																											
	STEVEN F. NIELSEN, D.O.S. P.A. STEVEN F. NIELSEN PO BOX 525 SHELLEY, IDAHO 83274		3. Incorporated Under The Laws of STATE OF IDAHO																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></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>Steven F Nielsen</td> <td>560 Bluebird</td> <td>Shelley</td> <td>ID</td> <td>83274</td> </tr> <tr> <td>Secretary:</td> <td>Kenda Nielsen</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Steven F Nielsen	560 Bluebird	Shelley	ID	83274	Secretary:	Kenda Nielsen	" "	" "	" "	" "	Directors:					
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President:	Steven F Nielsen	560 Bluebird	Shelley	ID	83274																							
Secretary:	Kenda Nielsen	" "	" "	" "	" "																							
Directors:																												
5. Nature of Business Family Dentistry		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td><i>Steven F. Nielsen</i></td> <td>7-7-88</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td></td> <td>President</td> </tr> </table>			Signature	Date	<i>Steven F. Nielsen</i>	7-7-88	Name (Typed or Printed)	Title		President																
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 JUL 11 1988