

No. 07234	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1993		THOMAS R. CURTIS 3200 3224 NORTH MAPLEGROVE 3224 BOISE ID 83704																									
	1. Mailing Address: THOMAS R. CURTIS, D.D.S., P.A. THOMAS R. CURTIS 3200 3224 N. MAPLEGROVE BOISE ID 83704		3. Incorporated Under The Laws of ID NO: 67234																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																												
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>THOMAS R. CURTIS D.D.S. ,</td> <td>3224 NORTH MAPLEGROVE</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>Secretary:</td> <td>P.A.</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>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	THOMAS R. CURTIS D.D.S. ,	3224 NORTH MAPLEGROVE	BOISE	ID	83704	Secretary:	P.A.					Directors:					
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Secretary:	P.A.																											
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 complete. Signature <i>Thomas R. Curtis</i> Date 7-12-93 Name (Typed or Printed) THOMAS R. CURTIS D.D.S. P.A. Title PRESIDENT																										