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| No.                                                                                                                                                          | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, 1992                                                                                                                                      | 2. Registered Agent and Office NOT A P.O. BOX                                                                                                                                         |
| Return To<br><br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>Boise, ID 83720</b><br><br><b>* FIRST NOTICE *</b><br><b>NO FEE REQUIRED</b> | 1. Mailing Address -- Please Correct If Not Correct<br><b>DR. ROD EMORY, D.D.S., PA.</b><br><b>DR ROD EMORY DDS</b><br><del>10552 W GARVERDALE COURT</del><br><b>3270 N. Maple Grove</b><br><b>BOISE ID 83704 0000</b> | <b>DR ROD EMORY DDS</b><br><del>10552 W GARVERDALE COURT</del><br><b>3270 N. Maple Grove</b><br><b>BOISE ID 83704</b><br><br>3. Incorporated Under The Laws<br>of<br><b>NO: 97611</b> |

| 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:                                       | Rod Emory, D.D.S. | 3270 N. Maple Grove           | Boise,      | ID           | 83704      |
| Secretary:                                       | Tanya Emory       | 3270 N. Maple Grove           | Boise,      | ID           | 83704      |
| Directors:                                       | N/A               |                               |             |              |            |

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| 5. Nature of Business<br><i>Pediatric Dentistry</i> | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br>Signature <i>Rod Emory, D.D.S.</i> Date <i>7/14/92</i><br>Name (Typed or Printed) <i>Rod Emory, D.D.S.</i> Title <i>president</i> |
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