

No. 77655	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1988		JAMES A. ROBSON 1683 MILES HAYDEN LAKE, IDAHO 83835																									
	1. Mailing Address — Please Correct 77655																											
	JAMES A. ROBSON, D.M.D., P.A. JAMES A. ROBSON 1683 E. MILES AVE HAYDEN LAKE, IDAHO 83835		3. Incorporated Under The Laws of STATE OF IDAHO																									
4. Names and Addresses of Officers and Directors																												
<table border="0"> <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>JAMES A. ROBSON, DMD</td> <td>1683 E. MILES AVE</td> <td>HAYDEN LK.</td> <td>ID.</td> <td>83835</td> </tr> <tr> <td>Secretary:</td> <td></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:	JAMES A. ROBSON, DMD	1683 E. MILES AVE	HAYDEN LK.	ID.	83835	Secretary:						Directors:					
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Secretary:																												
Directors:																												
5. Nature of Business 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="0"> <tr> <td>Signature</td> <td><i>James A. Robson, DMD</i></td> <td>Date</td> <td>7/12/88</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>JAMES A. ROBSON, D.M.D.</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table>			Signature	<i>James A. Robson, DMD</i>	Date	7/12/88	Name (Typed or Printed)	JAMES A. ROBSON, D.M.D.	Title	PRESIDENT																
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