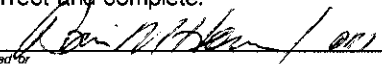
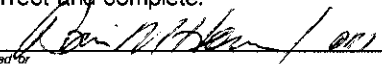
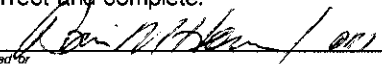


No. 58019	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1990</i>		2. Registered Agent and Office BRIAN M. HOWARD 1613 A 12TH AVENUE ROAD NAMPA ID 83651 153																										
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address — Please Correct BRIAN M. HOWARD, D.D.S., P. BRIAN M. HOWARD 1613 A 12TH AVENUE ROAD NAMPA ID 83651		3. Incorporated Under The Laws of ID NO: 058019																										
4. Names and Addresses of Officers and Directors																													
<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%;"><u>Name</u></th> <th style="width: 30%;"><u>Street or P.O. Address</u></th> <th style="width: 10%;"><u>City</u></th> <th style="width: 10%;"><u>State</u></th> <th style="width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Brian M. Howard</td> <td>Rt #7 Box 7201B</td> <td>Nampa</td> <td>ID</td> <td>83651</td> </tr> <tr> <td>Secretary:</td> <td>Lyn Howard</td> <td>Rt #7 Box 7201B</td> <td>Nampa</td> <td>ID</td> <td>83651</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:	Brian M. Howard	Rt #7 Box 7201B	Nampa	ID	83651	Secretary:	Lyn Howard	Rt #7 Box 7201B	Nampa	ID	83651	Directors:					
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Directors:																													
5. Nature of Business General 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 style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date <u>7-9-90</u> </td> </tr> <tr> <td> Name <small>(Typed or Printed)</small> </td> <td> Title </td> </tr> </table>				Signature 	Date <u>7-9-90</u>	Name <small>(Typed or Printed)</small>	Title																				
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