

No. 102133	Idaho Corporation Annual Report Form	2. Registered Agent and Office IDAHO POLICE
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994	C T CORPORATION SYSTEM 300 N 6TH ST
	1. Mailing Address — Please Correct, If Not Correct NORTH AMERICAN DENTAL REFERRAL 13310 SE EASTGATE WAY #335 BELLEVUE WA 98005	BOISE ID 83701 3. Incorporated Under The Laws of WA NO: 102133

4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED										
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>						
President:	Marilee Hanssen	5006 136th PL SE	Bellevue	WA 98006						
Secretary:	"	"	"	"						
Directors:	"	"	"	"						
5. Nature of Business dentist information and referrals.	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 data-bbox="520 915 669 941">Signature</td> <td data-bbox="669 915 1214 941">Marilee Hanssen</td> <td data-bbox="1214 915 1604 941">Date 10/6/94</td> </tr> <tr> <td data-bbox="520 941 669 977">Name (Typed or Printed)</td> <td data-bbox="669 941 1214 977">Marilee Hanssen</td> <td data-bbox="1214 941 1604 977">Title Pres.</td> </tr> </table>				Signature	Marilee Hanssen	Date 10/6/94	Name (Typed or Printed)	Marilee Hanssen	Title Pres.
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