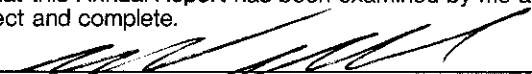
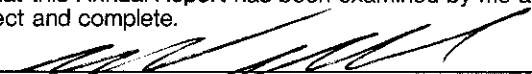
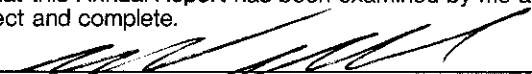


ISSUED: 10-04-1990

No. 62789 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1. Mailing Address — Please Correct QUALI-DENT DENTAL CLINICS, ARNOLD E. ALLEMAND #25 MERIDIAN MINI CENTER MERIDIAN ID 83642	2. Registered Agent and Office ARNOLD E. ALLEMAND #25 MERIDIAN MINI CENTER MERIDIAN ID 83642 3. Incorporated Under The Laws of ID NO: 062789																								
4. Names and Addresses of Officers and Directors <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>A. E. ALLEMAND</td> <td>25 Mini Center</td> <td>MERIDIAN</td> <td>ID</td> <td>83642</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>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	A. E. ALLEMAND	25 Mini Center	MERIDIAN	ID	83642	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="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>Oct 18 90</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>ARNOLD E. ALLEMAND</td> <td>Title</td> <td>pres.</td> </tr> </table>		Signature		Date	Oct 18 90	Name (Typed or Printed)	ARNOLD E. ALLEMAND	Title	pres.																
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