

No. 070530	Idaho Corporation Annual Report Form Due No Later Than November 1, 1989		2. Registered Agent and Office																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 <i>Reinstatement</i>	1. Mailing Address — Please Correct 070530		BENNY C. RICHARDSON, DDS 103 WEST IDAHO STREET BOISE, IDAHO 83702																					
	BENNY C. RICHARDSON, D.D.S., P.A. BENNY C. RICHARDSON, DDS 103 WEST IDAHO STREET BOISE, IDAHO 83702		3. Incorporated Under The Laws of STATE OF IDAHO																					
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <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: Benny C. Richardson</td> <td>103 W. Idaho</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>Secretary: Greg B. Richardson</td> <td>4100 N. Marine Dr.</td> <td>Chicago</td> <td>IL</td> <td>60613</td> </tr> <tr> <td>Directors: Benny C. Richardson</td> <td>(deceased 1987)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> ENTERED AUG 15 1989					Name	Street or P.O. Address	City	State	Zip	President: Benny C. Richardson	103 W. Idaho	Boise	ID	83702	Secretary: Greg B. Richardson	4100 N. Marine Dr.	Chicago	IL	60613	Directors: Benny C. Richardson	(deceased 1987)			
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5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																						
Dental Practice		Signature <u>Kenneth Richardson</u> Date <u>8/8/89</u> Name (Typed or Printed) <u>Kenneth Richardson, Personal Representative</u> of the Estate of Benny C. Richardson																						

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 SECRETARY OF STATE