INSTRUCTIONS ON REVERSE SIDE

No. 51288

Idaho Corporation Annual Report Form

Due No Later Than November 30, 95

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address -- Please Correct If Not Correct

KUNZ AND HOLGATE, P.A.
DR. NEIL L. KUNZ
PO BOX 567

ST. ANTHONY ID 83445

2. Registered Agent and Office NOT A P.O. BOX

NEIL L. KUNZ, D.M.D.
305 E. 5TH NORTH

ST. ANTHONY ID 83445

3. Incorporated Under The Laws of

ID
NO: 51288

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	Neil L. Kunz	305E 5th N / PO. Box 567	St. Anthony,	ID	83445
Secretary:	Dan E Holgate	" "	"	"	"
Directors:					

5. Nature of Business

Dental Practice

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature Neil L. Kunz DMD Date 7-13-95

Name (Typed or Printed) Neil L. Kunz D.M.D Title Dentist/President