Annual Report Form 1. Mailing Address - Correct in this box, if KUNA DENTAL, P.C.	applicable	DOUGLAS WAYNE	CROFT
DOUGLAS W CROFT 927 N LINDER KUNA, ID 83834		927 N LINDER KUNA, ID 83634 3. <u>New</u> Registered A	
es and Business Addresses of Preside	nt, Secretary	and Directors.	
Street or P.O. Address Linder Oft Wh	Kun II	State \(\) \(\) \(\) \(\) \(\) \(\)	83634 .,
6. Signature Name (Typed or Printed)	L Coll		16/06 es, dent
	927 N LINDER KUNA, ID 83834 es and Business Addresses of Preside Street or P.O. Address Off Off Name (Typed or Ponted)	927 N LINDER KUNA, ID 83834 es and Business Addresses of President, Secretary Street or P.O. Address City Of: Why Of: Signature 6. Signature	927 N LINDER KUNA, ID 83834 3. New Registered Assess and Business Addresses of President, Secretary and Directors. Street or P.O. Address City State What What II II Name (Typed or Pointed) Title Picture Title P

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