

ISSUED: 07-05-1994

No. 54524	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
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		THOMAS G. WALSH 1027 SHERMAN AVE COEUR D' ALENE ID 83814																									
	1. Mailing Address THOMAS G. WALSH, DDS., P.A. THOMAS G. WALSH 1027 SHERMAN AVE COEUR D' ALENE ID 83814																											
3. Incorporated Under The Laws of ID NO: 54524																												
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <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:</td> <td>THOMAS G. WALSH</td> <td>1027 SHERMAN AVENUE</td> <td>COEUR D'ALENE,</td> <td>ID</td> <td>83814,</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>						Name	Street or P.O. Address	City	State	Zip	President:	THOMAS G. WALSH	1027 SHERMAN AVENUE	COEUR D'ALENE,	ID	83814,	Secretary:						Directors:					
	Name	Street or P.O. Address	City	State	Zip																							
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Secretary:																												
Directors:																												
5. Nature of Business ORAL SURGERY		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 <u>Thomas G. Walsh</u> Date <u>7-20-94</u> Name (Type or Printed) _____ Title _____																										