

INSTRUCTIONS ON REVERSE SIDE

No. 53504	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1 Mailing Address - Please Correct If Not Correct		PATRICIA GUSTAVEL 480 NORTH LATAH BOISE ID 83706																									
	TERRY L. GUSTAVEL, D.D.S., TERRY L. GUSTAVEL, D.D.S. 480 NORTH LATAH BOISE ID 83706		3. Incorporated Under The Laws of ID NO: 053504																									
4. Names and Addresses of Officers and Directors																												
<table border="0"> <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>Terry L. Gustavel DDS</td> <td>5532 Randolph Dr.</td> <td>Boise</td> <td>Idaho</td> <td>83705</td> </tr> <tr> <td>Secretary:</td> <td>Patricia A. Gustavel</td> <td>" " "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>Terry L. Gustavel DDS</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Terry L. Gustavel DDS	5532 Randolph Dr.	Boise	Idaho	83705	Secretary:	Patricia A. Gustavel	" " "	"	"	"	Directors:	Terry L. Gustavel DDS				
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5. Nature of Business Dentist		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="0"> <tr> <td>Signature</td> <td><i>Patricia A. Gustavel</i></td> <td>Date</td> <td>7-10-91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Patricia A. Gustavel</td> <td>Title</td> <td>Corp. Sec.</td> </tr> </table>			Signature	<i>Patricia A. Gustavel</i>	Date	7-10-91	Name (Typed or Printed)	Patricia A. Gustavel	Title	Corp. Sec.																
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