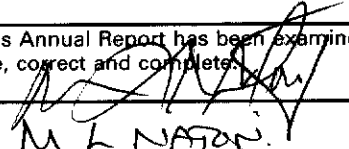


No. C113145 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	Annual Report Form <i>Due No Later Than November 30, 1996</i> 1. Mailing Address - Please Correct, if Not Correct NATONI & LEWIS GENERAL DENTI MARC L NATONI 1221 MICHIGAN * FIRST NOTICE * SANDPOINT ID 83864	2. Registered Agent and Office NOT A P.O. BOX MARC L NATONI 1221 MICHIGAN SANDPOINT ID 83864 3. Organized Under the Laws of: ID C113145																		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</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>PRES</td> <td>MARC L. NATONI DDS</td> <td>SAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>V.P.</td> <td>SIM LEWIS DMD</td> <td>SAME</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRES	MARC L. NATONI DDS	SAME				V.P.	SIM LEWIS DMD	SAME			
Office held	Name	Street or P.O. Address	City	State	Zip															
PRES	MARC L. NATONI DDS	SAME																		
V.P.	SIM LEWIS DMD	SAME																		
5. NATURE OF BUSINESS DENTISTRY	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  Date <u>7-16-96</u> Name (Typed or Printed) <u>M L NATONI</u> Title <u>PRES.</u>																			

ISSUED: 07-06-1996

28577