

No. <b>C112954</b>	<b>Annual Report Form</b> Due No Later Than November 30, 1997		2. Registered Agent and Office <b>NOT A P.O. BOX</b> <b>PHILIP W GERVAIS</b> <b>2005 PINE ST</b>  <b>SANDPOINT ID 83864</b>
Return to: <b>SECRETARY OF STATE</b> <b>700 WEST JEFFERSON</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address Please Correct, If Not Correct  <b>PHILIP W. GERVAIS, D.D.S., P</b>  <b>2005 PINE ST</b>  <b>SANDPOINT ID 83864</b>		3. Organized Under the Laws of  <b>ID C112954</b>
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
President	PHILIP W. GERVAIS DDS	2005 W PINE ST.	SANDPOINT
Secretary	BARBARA McMAINS	2005 W. PINE ST.	SANDPOINT
		State	Zip
		ID	83864
		ID	83864
5.		6. Signature <u>Philip W. Gervais DDS</u> Date <u>7-17-97</u> Name (Typed or Printed) <u>PHILIP W. GERVAIS DDS</u> Title <u>PRESIDENT</u>	

ISSUED 07-04-1997

DO NOT TAPE OR STAPLE

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