

No. C 57083	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct VICTOR E. WALTERS, D.D.S., P VICTOR E. WALTERS 2508 PONDEROSA COEUR D'ALENE ID 83814		VICTOR E. WALTERS D.D.S. 2508 PONDEROSA COEUR D'ALENE ID 83814 3. Organized Under the Laws of: ID C 57088													
* FIRST NOTICE *																
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><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td><i>Pres</i></td> <td><i>Victor Walters</i></td> <td><i>Same</i></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<i>Pres</i>	<i>Victor Walters</i>	<i>Same</i>			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
<i>Pres</i>	<i>Victor Walters</i>	<i>Same</i>														
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 <i>[Signature]</i> Date 7/21/96 Name (Typed or Printed) Victor Walters Title Owner														
ISSUED: 07-06-1996		24653														