

No. C 57088

Annual Report Form
Due No Later Than November 30, 1995

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

VICTOR E. WALTERS D.D.S.
 2508 PONDEROSA

COEUR D'ALENE ID 83814

* FIRST NOTICE * COEUR D'ALENE ID 83814

3. Organized Under the Laws of:

ID C 57088

4. Corporations: Enter Names and Addresses of President, Secretary and Directors

Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office heldNameStreet or P.O. AddressCityStateZip

Pres Victor Walters San

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 Victor Walters Date 7/21/96

Name (Typed or Printed) Victor Walters Title Owner

ISSUED: 07-06-1995

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