

No. C 76508	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX KIRBY CLENDNON, D.D.S. 1711 SOUTH 10TH AVENUE CALDWELL ID 83605
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 KIRBY CLENDNON, D.D.S., A P KIRBY L. CLENDNON, DDS 1711 S. TENTH AVENUE CALDWELL ID 83605		3. Organized Under the Laws of: NV C 76508
* 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)			
<u>Office held</u> President Treasure	<u>Name</u> KIRBY CLENDNON DDS " " "	<u>Street or P.O. Address</u> 1711 S. Tenth Ave " " "	<u>City</u> Caldwell " " "
	<u>State</u> ID "	<u>Zip</u> 83605 "	
5. NATURE OF BUSINESS DENTAL OFFICE		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 <u>Kirby Clendenon DDS</u> Date <u>7-11-96</u> Name (Typed or Printed) <u>KIRBY CLENDNON DDS</u> Title <u>President</u>	

ISSUED: 07-06-1996

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