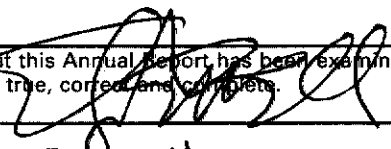


No. W 1683	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct NORTHERN LIGHTS DENTAL LABOR ERIC NEWELL 4360 E 17TH ST 1750 E 17th ST	ERIC NEWELL 4360 E 17TH ST 1750 E 17th ST IDAHO FALLS ID 83404 3. Organized Under the Laws of:
* FIRST NOTICE * IDAHO FALLS ID 83404 ID W 1688		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" 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>	<u>State</u>
	<u>Zip</u>	
	<u>City</u>	<u>State</u>
	<u>Zip</u>	
	<u>City</u>	<u>State</u>
	<u>Zip</u>	
5. SIGNATURE OF CURRENT RA ANY LAWFUL		
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 7/17/96 Name (Typed or Printed) ERIC NEWELL Title		

ISSUED: 07-08-1996

739