

No. C 42721	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX RICHARD A. RICE D.M.D. MULLAN AVE BOX L OSBURN ID 83849
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 RICHARD A. RICE, D.M.D., INC RICHARD A. RICE BOX L OSBURN ID 83849		3. Organized Under the Laws of: ID C 42721
* 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>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
President	Richard A Rice	Box L	Osburn ID 83849
Secretary	Marlys Rice	Box L	Osburn ID 83849
Directors	Richard & Marlys Rice	Box L	Osburn ID 83849
5. NATURE OF BUSINESS Dentistry 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 <u><i>Richard A Rice</i></u> Date <u>7-17-96</u> Name (Typed or Printed) <u>Richard A Rice</u> Title <u>Pres</u>	

ISSUED: 07-06-1996

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