

INSTRUCTIONS ON REVERSE SIDE

106884 No.	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX KARL D. PEACH, D.D.S., M.S. 709 EAST 8TH STREET
Return To Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 30 1. Mailing Address -- Please Correct If Not Correct KARL D. PEACH, D.D.S., M.S., P.A. KARL D. PEACH, D.D.S., M.S. 709 EAST 8TH STREET POST FALLS ID 83854	POST FALLS ID 83854 3. Incorporated Under The Laws of ID NO: 106884

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	KARL D. PEACH	480 Jennie Lane	POST FALLS	ID	83854
Secretary:	BRENDA D. PEACH	480 Jennie Lane	POST FALLS	ID	83854
Directors:	N.A.				

5. Nature of Business

Orthodontist

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>Karl D. Peach</i>	Date	17 July 95
Name (Typed or Printed)	KARL D. PEACH	Title	PRESIDENT