

No. <b>C 86834</b>	<b>Annual Report Form 1996</b> Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>WILLIAM W. CALHOUN</b> <del>3224 N. MAPLE GROVE ROAD</del> <b>7800 Ustick Road</b> <b>BOISE ID 83734</b>																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  <b>WILLIAM W. CALHOUN, D.D.S.,</b> <b>WILLIAM W. CALHOUN</b> <b>7800 USTICK RD</b>  <b>BOISE ID 83734</b>		3. Organized Under the Laws of:  <b>ID C 86834</b>																								
	4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"><u>Office held</u></th> <th style="width: 25%;"><u>Name</u></th> <th style="width: 35%;"><u>Street or P.O. Address</u></th> <th style="width: 15%;"><u>City</u></th> <th style="width: 10%;"><u>State</u></th> <th style="width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>William W. Calhoun</td> <td>1407 N. Leslie Way,</td> <td>Meridian,</td> <td>ID</td> <td>83642</td> </tr> <tr> <td>Secretary</td> <td>Sherri D. Calhoun</td> <td>Same.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors</td> <td>William W. Calhoun</td> <td>Same</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	William W. Calhoun	1407 N. Leslie Way,	Meridian,	ID	83642	Secretary	Sherri D. Calhoun	Same.				Directors	William W. Calhoun	Same			
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5. <b>NATURE OF BUSINESS</b>  <b>GENERAL DENTAL CARE</b>		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>William W. Calhoun DDS</u> Date <u>8/15/96</u> Name (Typed or Printed) <u>William W. Calhoun DDS</u> Title <u>President</u>																									

ISSUED: 07-06-1996

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