

## INSTRUCTIONS ON REVERSE SIDE

|                                                                                                                        |                                                                                                                                           |                                                                        |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| No. 67627                                                                                                              | Idaho Corporation Annual Report Form                                                                                                      | 2. Registered Agent and Office NOT A P.O. BOX                          |
| Return To                                                                                                              | Due No Later Than November 30, 1995                                                                                                       | STEVEN M. BRUCE<br>7878 USTICK ROAD                                    |
| Secretary of State<br>700 W Jefferson<br>P.O. Box 83720<br>Boise, ID 83720-0080<br>* FIRST NOTICE *<br>NO FEE REQUIRED | Mailing Address - Please Correct if Not Correct<br>STEVEN M. BRUCE, D.M.D., P.A.<br>STEVEN M. BRUCE<br>7878 USTICK ROAD<br>BOISE ID 83704 | BOISE ID 83704<br>3. Incorporated Under The Laws of<br>ID<br>NO: 67627 |

## 4. Names and Addresses of Officers and Directors

|            | Name                    | Street or P.O. Address | City  | State | Postal Code |
|------------|-------------------------|------------------------|-------|-------|-------------|
| President: | Steven M. Bruce, D.M.D. | 7878 Ustick Rd         | Boise | Id    | 83704       |
| Secretary: | Brenda L Bruce          | "                      | "     | "     | "           |
| Directors: |                         |                        |       |       |             |

## 5. Nature of Business

Dental Practice

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>Steven M. Bruce, D.M.D.</u> | Date  | <u>7/11/95</u>   |
| Name (Typed or Printed) | <u>Steven M. Bruce, D.M.D.</u> | Title | <u>President</u> |