

No. <b>C 76895</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</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		MARK L. PETERSON 159 WEST MAIN STREET  RIGBY ID 83442																			
	MARK L. PETERSON, D.D.S., CH MARK PETERSON 127 1/2 E SHORT STREET  RIGBY ID 83442		3. Organized Under the Laws of:  ID C 76895																			
	4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 15%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Mark Peterson</td> <td>127 1/2 E Short</td> <td>Rigby</td> <td>Id</td> <td>83442</td> </tr> <tr> <td>Sec.</td> <td>Shelley A Peterson</td> <td>127 1/2 E Short</td> <td>Rigby</td> <td>Id</td> <td>83442</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres	Mark Peterson	127 1/2 E Short	Rigby	Id	83442	Sec.	Shelley A Peterson	127 1/2 E Short	Rigby	Id	83442
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Sec.	Shelley A Peterson	127 1/2 E Short	Rigby	Id	83442																	
5. NATURE OF BUSINESS  DENTAL	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>Mark Peterson</u> Date <u>7-18-96</u> Name (Typed or Printed) <u>Mark L Peterson</u> Title <u>Pres</u>																					

ISSUED: 07-06-1996

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