

No. C 53504	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX																			
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 TERRY L. GUSTAVEL, D.D.S., TERRY L. GUSTAVEL, D.D.S. 480 NORTH LATAH BOISE ID 83706		PATRICIA GUSTAVEL 480 NORTH LATAH BOISE ID 83706 3. Organized Under the Laws of: ID C 53504																			
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) <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Terry L. Gustavel DDS</td> <td>480 N. Latah</td> <td>Boise</td> <td>Idaho</td> <td>83706</td> </tr> <tr> <td>Sec.</td> <td>Patricia A. Gustavel</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Terry L. Gustavel DDS	480 N. Latah	Boise	Idaho	83706	Sec.	Patricia A. Gustavel				
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Pres.	Terry L. Gustavel DDS	480 N. Latah	Boise	Idaho	83706																	
Sec.	Patricia A. Gustavel																					
5. NATURE OF BUSINESS DENTIST		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>Patricia A. Gustavel</u> Date <u>8-12-96</u> Name (Typed or Printed) <u>Patricia A. Gustavel</u> Title <u>Corp Sec</u>																				

ISSUED: 07-05-1996

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