

No. <b>C 99755</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1995</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  WARM SPRINGS FAMILY DENTISTR DAVID MUNRO 100 WARM SPRINGS AV  BOISE ID 83702		DAVID M MUNRO 100 WARM SPRINGS AVE  BOISE ID 83712																			
			3. Organized Under the Laws of:  ID C 99755																			
	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%;">Office held</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>DAVID MUNRO DDS</td> <td>460 ROOSTER CT</td> <td>EALE</td> <td>ID</td> <td>83616</td> </tr> <tr> <td>SECRETARY</td> <td>NANCY MUNRO</td> <td>460 ROOSTER CT</td> <td>EALE</td> <td>ID</td> <td>83616</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	DAVID MUNRO DDS	460 ROOSTER CT	EALE	ID	83616	SECRETARY	NANCY MUNRO	460 ROOSTER CT	EALE	ID	83616
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SECRETARY	NANCY MUNRO	460 ROOSTER CT	EALE	ID	83616																	
5. <b>NATURE OF BUSINESS</b>  FAMILY DENISTRY		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><i>David Munro DDS</i></u> Date <u>7/16/96</u> Name (Typed or Printed) <u>DAVID M. MUNRO DDS</u> Title <u>PRESIDENT</u>																				

ISSUED: 07-06-1996

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