

No. <b>C 81782</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30, 1996</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>D.H. "SKIP" PIERCE, D.D.</b> <b>480 N. LATAH</b>  <b>BOISE ID 83706</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>D. H. "SKIP" PIERCE, D.D.S.,</b> <b>D.H. "SKIP" PIERCE, D.D.S</b> <b>480 NORTH LATAH</b>		3. Organized Under the Laws of:  <b>ID</b>	
<b>* FIRST NOTICE *</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)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
President	Dean H. Pierce	480 N. LATAH	Boise	ID 83706
Secretary	Linda L Pierce	2069 Creekside Lane	Boise	ID 83706
5. <b>NATURE OF BUSINESS</b>  <b>DENTISTRY</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>Dean H. Pierce</u> Date <u>7/18/96</u> Name (Typed or Printed) <u>DEAN H. PIERCE</u> Title <u>President</u>		

ISSUED: 07-06-1996

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