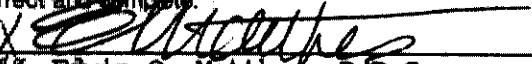
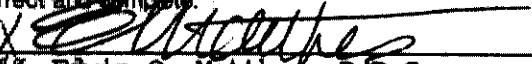
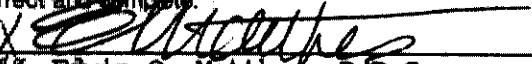


## INSTRUCTIONS ON REVERSE SIDE

No. 57232	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office NOT A P.O. BOX																									
Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>  NO FEE REQUIRED	Due No Later Than November 1, 1991		EDWIN O. MATTHES 2030 NORTH COLE ROAD																									
	1. Mailing Address Please Correct If Not Correct  EDWIN O. MATTHES, D.D.S., PA EDWIN O. MATTHES 2030 NORTH COLE ROAD  BOISE ID 83704		BOISE ID 83704  3. Incorporated Under The Laws of 18 NO: 067232																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></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>President:</td> <td>Edwin O. Matthes, D.D.S.</td> <td>6830 McMullen Str.</td> <td>Boise</td> <td>Idaho</td> <td>83709</td> </tr> <tr> <td>Secretary:</td> <td>Juanita C. Matthes</td> <td>6830 McMullen Str.</td> <td>Boise</td> <td>Idaho</td> <td>83709</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Edwin O. Matthes, D.D.S.	6830 McMullen Str.	Boise	Idaho	83709	Secretary:	Juanita C. Matthes	6830 McMullen Str.	Boise	Idaho	83709	Directors:					
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Directors:																												
5. Nature of Business  Dentistry		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7-17-91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Edwin O. Matthes, D.D.S.</td> <td>Title</td> <td>President/Owner</td> </tr> </table>			Signature		Date	7-17-91	Name (Typed or Printed)	Edwin O. Matthes, D.D.S.	Title	President/Owner																
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