

No. <b>C 48582</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  <b>RALPH H. FRANCIS, D.D.S. PRO</b> <b>RALPH H. FRANCIS, D.D.S.</b> <b>1609 12TH AVENUE ROAD</b>  <b>NAMPA ID 83686</b>		<b>RALPH FRANCIS</b> <b>1609 12TH AVENUE ROAD</b>  <b>NAMPA ID 83686</b>			
	3. Organized Under the Laws of:  <b>ID C 48582</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>	<u>Zip</u>
	<i>President</i>	<i>Ralph H. Francis</i>	<i>4725 Sunny Ridge Rd.</i>	<i>Nampa, ID</i>	<i>83686</i>	
	<i>Director</i>					
	<i>Secretary</i>	<i>Cheryl Prince</i>	<i>15200 Drury Way</i>	<i>Caldwell, ID</i>	<i>83605</i>	
5. <b>NATURE OF BUSINESS</b>  <b>ORTHODONTICS</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><i>Cheryl Prince</i></u> Date <u><i>7-16-96</i></u> Name (Typed or Printed) <u><i>CHERYL PRINCE</i></u> Title <u><i>Secretary</i></u>			

ISSUED: 07-06-1996

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