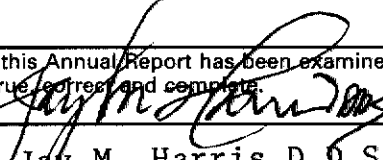


No. W 2423	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct HARRIS OSWALD DENTAL, P.L.L. JAY M HARRIS 1810 MORAN	JAY M HARRIS 1810 MORAN IDAHO FALLS ID 83401
* FIRST NOTICE * IDAHO FALLS ID 83401		3. Organized Under the Laws of: ID W 2423
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
Manager	Jay M. Harris DDS	1810 Moran
Manager	Brad Oswald	1810 Moran
		<u>City</u> <u>State</u> <u>Zip</u>
		Idaho Falls ID 83401
		Idaho Falls ID 83401
5. SIGNATURE OF CURRENT RA ANY LAWFUL		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  Date <u>7/17/96</u> Name (Typed or Printed) <u>Jay M. Harris D.D.S.</u> Title <u>Manager</u>

ISSUED: 07-08-1996

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