	HISTRUCTIONS ON REVERSE SIDE HER SELECTIONS OF REVERSE SIDE	58 ISSUED: 3773454995
Return To Secretary of State 700 W Jefferson P.O. Box 83720 Bolse, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 305 Matting Address Player Corner If Nor Country LOEUR D'ALENE DENTURE CLINIC, I CARLA (JESS) WOLFRUM 1119 N. 4TH STREET COEUR D'ALENE ID 83814	2. Registered Agent and Office NOT A P.O. BOX CARLA (JESS) WOLFRUM 1119 N. 4TH STREET COEUR D'ALENE ID 83814 3. Incorporated Under The Laws of ID NO: 83652
4. Names and Addresses of Of President: SYLVESTER Secretary: CARLA Work Directors:	Name Street or P.O. Address LEONHARD 9102 BEAUTY BAY RD.,	City State Postal Code Coeurs Alene (d) 83814 Coeurs Alene I.d 83814
5. Nature of Business DENTURE CLINIC	6. I certify that this Annual Report has been examined by me a complete. Signature Name (Typed or Printed) Signature C. / BAKER	nd is to the best of my knowledge true, correct and Date 8-18-95 Title Accor.