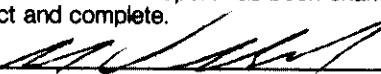


## INSTRUCTIONS ON REVERSE SIDE

No. 062789		Idaho Corporation Annual Report Form Due No Later Than November 1, 1987		2. Registered Agent and Office	
Return To  Secretary of State Room 203, Statehouse Boise, ID 83720 REC'D. DATE  87 JUL 14 AM 8 26 43642		1. Mailing Address - Please Correct 062789  QUALI-DENT DENTAL CLINICS, P.A. ARNOLD E. ALLEMAND #25 MERIDIAN MINI CENTER MERIDIAN, IDAHO		ARNOLD E. ALLEMAND #25 MERIDIAN MINI CENTER MERIDIAN, ID 83642	
4. Names and Addresses of Officers and Directors		Name _____ Street or P.O. Address _____  ARNULDO ALLEMAND 25 MINI		City _____ State _____ Zip _____	
President: Secretary: Directors:		SAME AS ABOVE  - NO CHANGES OVER PAST YEARS		ENTERED  JUL 23 1987	
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.  Signature  Name (Type or Printed) ARNOLD E. ALLEMAND		Date JULY 12 87 Title pres	

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