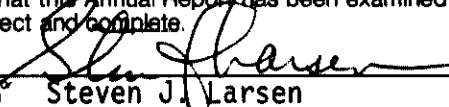


No. 055974	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To	Due No Later Than November 1, 1988		STEVEN J. LARSEN 1088 NORTH SKYLINE IDAHO FALLS, IDAHO 83402																									
Secretary of State Room 203, Statehouse Boise, ID 83720 28 SEP 30 1988 58	1. Mailing Address — Please Correct 055974				3. Incorporated Under The Laws of																							
	STEVEN J. LARSEN, D.D.S., P.A. STEVEN J. LARSEN PO BOX 51358 1088 N. SKYLINE IDAHO FALLS, IDAHO 83405		STATE OF IDAHO ENTER SEP 30 1988																									
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>Steven J. Larsen</td> <td>1088 N. Skyline Dr.</td> <td>Idaho Falls</td> <td>Idaho</td> <td>83402</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></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:	Steven J. Larsen	1088 N. Skyline Dr.	Idaho Falls	Idaho	83402	Secretary:						Directors:					
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President:	Steven J. Larsen	1088 N. Skyline Dr.	Idaho Falls	Idaho	83402																							
Secretary:																												
Directors:																												
5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																										
General Dentistry		X Signature  Name (Typed or Printed) Steven J. Larsen Date 9/28/88 Title President																										