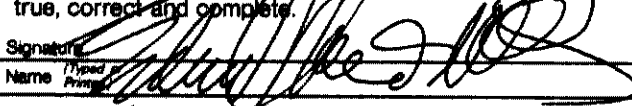


INSTRUCTIONS ON REVERSE SIDE

No. 54113	Idaho Corporation Annual Report Form Due No Later Than November 1,	2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i> EDWARD I. LOWRY, DDS, P.A. EDWARD I. LOWRY, D.D.S. 1800 LINCOLN WAY #203 COEUR D'ALENE ID 83814	EDWARD I. LOWRY 1800 LINCOLN WAY #203 COEUR D'ALENE ID 83814 3. Incorporated Under The Laws of ID NO: 54113																								
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>Edward I Lowry</td> <td>DDS</td> <td>1800 Lincoln way</td> <td>Coeur d'Alene</td> <td>ID 83814</td> </tr> <tr> <td>Secretary:</td> <td>Claudia G. Lowry</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:	Edward I Lowry	DDS	1800 Lincoln way	Coeur d'Alene	ID 83814	Secretary:	Claudia G. Lowry					Directors:					
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Secretary:	Claudia G. Lowry																									
Directors:																										
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: Edward I. Lowry Title: DDSOP Date: 8/28/91 President																									