

No. C 42513	Due no later than Jul 31, 2000		2. Registered Agent and Office NO PO BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		JAMES M MINAS																			
	1. Mailing Address - Correct in this box, if applicable JAMES M. MINAS, D.D.S. DENTAL PROFE 7337 NORTHVIEW BOISE, ID 83704		7337 NORTHVIEW ST. BOISE, ID 83704 3. <u>New</u> Registered Agent Signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																						
<table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>JAMES M. MINAS, DDS</td> <td>7337 NORTHVIEW</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td colspan="6">JUDITH J. MINAS SECRETARY/TREASURER 3400 STONE CREEK RD, BOISE ID 83703</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	JAMES M. MINAS, DDS	7337 NORTHVIEW	BOISE	ID	83704	JUDITH J. MINAS SECRETARY/TREASURER 3400 STONE CREEK RD, BOISE ID 83703					
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5. Organized Under the Laws of: IDAHO C 42513		6. Signature <u>[Signature]</u> Date <u>5/16/00</u> Name (Typed or Printed) <u>JAMES M. MINAS DDS</u> Time <u>10th AM</u> <u>PLS</u>																				

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