

No. <b>C112954</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30, 1996</i>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  PHILIP W. GERVAIS, D.D.S.,  2005 PINE ST  * FIRST NOTICE * SANDPOINT ID 83864	PHILIP W GERVAIS 2005 PINE ST  SANDPOINT ID 83864  3. Organized Under the Laws of:  ID C112954

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
 Limited Liability Companies: Enter Names and Addresses of  **Managers** or  **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	PHILIP W. GERVAIS DDS	2005 W PINE	SANDPOINT	ID	83864
Secretary trans	SUSAN L. GERVAIS	Same address			

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 <u>Philip W Gervais DDS</u> Date <u>7-15-96</u> Name <small>(Typed or Printed)</small> <u>PHILIP W. GERVAIS DDS</u> Title <u>DENTIST</u>
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ISSUED: 07-06-1996

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