

No. C 67416	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		JOHN C. MATUNAS 8219 NORTHVIEW 8000 USTICK ROAD BOISE ID 83704-5751																			
	JOHN C. MATUNAS, D.D.S., P.A. JOHN C. MATUNAS 8219 NORTHVIEW 8000 USTICK ROAD BOISE ID 83704-5751		3. Organized Under the Laws of:																			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="1" data-bbox="18 362 1462 533"> <thead> <tr> <th>Office held</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>JOHN C MATUNAS DDS</td> <td>8000 USTICK RD</td> <td>BOISE</td> <td>IDaho</td> <td>83704-5751</td> </tr> <tr> <td>SECRETARY</td> <td>BERRA J MATUNAS</td> <td>8000 USTICK RD</td> <td>BOISE</td> <td>IDaho</td> <td>83704-5751</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	JOHN C MATUNAS DDS	8000 USTICK RD	BOISE	IDaho	83704-5751	SECRETARY	BERRA J MATUNAS	8000 USTICK RD	BOISE	IDaho	83704-5751
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5. NATURE OF BUSINESS ORTHODONTICS	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><i>[Signature]</i></u> Date <u>18 JULY 96</u> Name (Typed or Printed) <u>JOHN C MATUNAS DDS</u> Title <u>PRESIDENT</u>																					

ISSUED: 07-06-1996

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