

No. <b>C 83805</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>  <b>GUY M. HANSON</b> <b>1323 S FIVE MILE ROAD</b>  <b>BOISE ID 83709</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  <b>GUY M. HANSON, D.D.S., P.A.</b> <b>GUY M. HANSON</b> <b>1323 S FIVE MILE ROAD</b>	3. Organized Under the Laws of:  <b>ID C 83805</b>
* FIRST NOTICE * <b>BOISE ID 83709</b>		
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)		
<u>Office held</u> <b>President</b>  <b>Secretary</b>	<u>Name</u> <b>Guy M. Hanson</b>  <b>Claude A. Hanson</b>	<u>Street or P.O. Address</u> <b>1323 S. Five Mile Lane</b> <b>1323 S. Five Mile Lane</b>
	<u>City</u> <b>BOISE</b> <b>Boise</b>	<u>State</u> <b>ID</b> <b>ID</b>
		<u>Zip</u> <b>83709</b> <b>83709</b>
5. NATURE OF BUSINESS  <b>DENTISTRY</b>		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><b>Guy M. Hanson DDS</b></u> Date <u><b>7/16/96</b></u> Name (Typed or Printed) <u><b>Guy M. Hanson DDS</b></u> Title <u><b>President</b></u>

ISSUED: 07-06-1996

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