

No. C 83652	Annual Report Form Due No Later Than November 30, 1996		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	1. Mailing Address - Please Correct, if Not Correct COEUR D'ALENE DENTURE CLINIC CARLA (JESS) WOLFRUM 1119 N. 4TH STREET		CARLA (JESS) WOLFRUM 1119 N. 4TH STREET COEUR D'ALEN ID 83814		
* FIRST NOTICE *		3. Organized Under the Laws of:		ID C 83652	
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	SYLVESTER LEONHARD	9102 BEAUTY BAY ROAD,	COEUR D'ALENE,	ID	83814
SECT/TREAS	CARLA WOLFRUM	E. 1812 LOOKOUT DRIVE,	COEUR D'ALENE,	ID	83814
5. NATURE OF BUSINESS DENTURE CLINIC		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>C.R. Wolfrum</i></u> Date <u>7-15-96</u> Name (Typed or Printed) <u>C.R. WOLFRUM</u> Title <u>OFFICER</u>			

ISSUED: 07-06-1996

25444