

July 12, 1995

ARTHUR E RICHARDS
PO BOX 3060
HAILEY ID 83333

RE: ARTHUR E. RICHARDS, D.D.S., P.A. File Number C 81983

Dear Mr. Richards:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

You have stated that your corporation has gone out of business or is not transacting business in Idaho. The records of this office, however, do not indicate that the corporation has filed a formal dissolution.

If you wish to formally dissolve your corporation, you must comply with the requirements of Section 30-1-92, Idaho Code, by filing Articles of Dissolution in duplicate with this office along with the required statutory fee of \$30.00. The Articles of Dissolution should be filed before December 1, 1995 or an annual report filed by December 1, 1995 to avoid forfeiture.

If instead you wish to just allow the corporation to forfeit its right to do business in Idaho, then please disregard any subsequent annual report forms which you may receive and the corporation will be automatically forfeited on December 1, 1995.

If you have any questions or need further assistance, please do not hesitate to contact me at (208) 332-2816.

Very truly yours,

Tonya Herold
Corporate Division

Enclosures: cited

No. 81983	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	ARTHUR E. RICHARDS 5 EAST GALENA
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address - Please Correct if Not Current ARTHUR E. RICHARDS, D.D.S., P.A. ARTHUR E. RICHARDS P. O. BOX 3060 HAILEY ID 83333	HAILEY ID 83333 3. Incorporated Under The Laws of ID NO: 81983

4. Names and Addresses of Officers and Directors

Name	Street or P.O. Address	City	State	Postal Code
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President:
Secretary:
Directors:

*I have retired from the practice of dentistry
and am no longer operating as a corporation*

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 <i>Arthur E. Richards DDS</i>	Date <i>7/9/95</i>
Name (Typed or Printed) <i>Arthur E. Richards DDS</i>	Title <i>Owner</i>