

No. <b>C 85114</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>JAMES A. GORCZYCA</b> <b>230 W MALLARD DR, SUITE</b>  <b>BOISE ID 83706</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>JAMES A. GORCZYCA D.D.S., P.</b> <b>JAMES A. GORCZYCA</b> <b>230 W MALLARD DR STE A</b>  <b>BOISE ID 83706</b>		3. Organized Under the Laws of:  <b>ID C 86114</b>
* <b>FIRST NOTICE *</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>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
PRESIDENT	JAMES A. GORCZYCA	4053 S. SUNTREG WY	BOISE ID. 83706
VICE-PRES.	ROBIN E. GORCZYCA	4053 S. SUNTREG WY	BOISE ID. 83706
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><i>James A. Gorkzyca</i></u> Date <u>7-17-96</u> Name (Typed or Printed) <u>JAMES A. GORCZYCA</u> Title <u>President</u>	

ISSUED: 07-06-1996

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