

No. C 55974	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	1. Mailing Address - Please Correct, If Not Correct PREMIER DENTAL CARE, P.A. STEVEN J. LARSEN 1088 N SKYLINE IDAHO FALLS ID 83402 1726		STEVEN J. LARSEN 1088 NORTH SKYLINE IDAHO FALLS ID 83402 3. Organized Under the Laws of: ID C 55974																			
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) <table border="0"> <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>Steven J. Larsen</td> <td>1088 N. Skyline</td> <td>Idaho Falls</td> <td>ID</td> <td>83402</td> </tr> <tr> <td>Secretary</td> <td>Sheri Hansen</td> <td>1088 N. Skyline</td> <td>Idaho Falls</td> <td>ID</td> <td>83402</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Steven J. Larsen	1088 N. Skyline	Idaho Falls	ID	83402	Secretary	Sheri Hansen	1088 N. Skyline	Idaho Falls	ID	83402
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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 <u><i>[Signature]</i></u> Date <u>7-16-96</u> Name <small>(Typed or Printed)</small> _____ Title _____																					

ISSUED: 07-06-1996

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