

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-01-1993

No. 67627	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1993		STEVEN M. BRUCE 7878 USTICK ROAD																					
	1. Mailing Address: <i>Ph. 1-800-368-2767 M. Stat. Comment</i> STEVEN M. BRUCE, D.M.D., P.A. STEVEN M. BRUCE 7878 USTICK ROAD BOISE ID 83704		BOISE ID 83704 3. Incorporated Under The Laws of ID NO: 67627																					
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <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: Dr. Steven M. Bruce</td> <td>DMD PA 7878 Ustick Rd.</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: Dr. Steven M. Bruce	DMD PA 7878 Ustick Rd.	Boise	ID	83704	Secretary:					Directors:				
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Secretary:																								
Directors:																								
5. Nature of Business Dental Office		I certify that this Annual Report has been examined by me and is to the best of my knowledge true/ correct and complete. <table border="1"> <tr> <td>Signature <i>Steven M. Bruce</i></td> <td>Date 7/8/93</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title President</td> </tr> </table>			Signature <i>Steven M. Bruce</i>	Date 7/8/93	Name (Typed or Printed)	Title President																
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