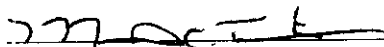


No. W 10635	Due no later than Dec 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX MICHAEL C TRANSTRUM 625 W BRIDGE BLACKFOOT, ID 83221
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable FAMILY DENTAL CENTER PLLC (THE) PO BOX 458 BLACKFOOT, ID 83221	3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Michael C. TRANSTRUM	625 W. Bridge	Blackfoot	ID	83221
Member	FRANKLIN D TRANSTRUM	625 W. Bridge	Blackfoot	ID	83221

5. Organized Under the Laws of: IDAHO W 10635	6. Signature <u></u> Date <u>10/9/01</u> Name (Typed or Printed) <u>MICHAEL C. TRANSTRUM</u> Title <u>MEMBER / DENTIST</u>
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