No. **W 10635**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than Dec 31, 2001
Annual Report Form

1. Mailing Address - Correct in this box, if applicable
FAMILY DENTAL CENTER PLLC (THE)

PO BOX 458

BLACKFOOT, ID 83221

2. Registered Agent and Office **NO PO BOX**
MICHAEL C TRANSTRUM
625 W BRIDGE

BLACKFOOT, ID 83221

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
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 [signature] Date 10/9/01
Name (Typed or Printed) Michael C. Transtrum Title Member/Dentist

Issued 10/02/2001

Do Not Tape or Staple

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