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|---|--|--|---|
| <b>No. C 119625</b>   | <b>Due no later than May 31, 2003</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Office <b>NO PO BOX</b><br><br>VON J KUNZ<br>600 JENSEN GROVE DR<br><br>BLACKFOOT, ID 83221 |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>         RECEIVED BY DUE DATE</b> | 1. Mailing Address - Correct in this box, if applicable<br>VON J. KUNZ, D.D.S., P.A.<br><br>600 JENSEN GROVE DR<br><br>BLACKFOOT, ID 83221 |  | 3. New Registered Agent Signature   |

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.
 

| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|-------------|-------------------------------|-------------|--------------|------------|
| President          | Von J Kunz  | 600 Jensen Grove Drive        | Blackfoot   | Idaho        | 83221      |
| Secretary          | Sheila Kunz | 600 Jensen Grove Drive        | Blackfoot   | Id           | 83221      |

|  |  |                             |                     |   |                        |
|--|--|-----------------------------|---------------------|---|------------------------|
| 5. Organized Under the Laws of:<br><br><div style="text-align: center;">IDAHO<br/>C 119625</div> | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <u>Von J Kunz</u></td> <td style="width: 40%;">Date <u>3-14-03</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Von J Kunz</u></td> <td>Title <u>President</u></td> </tr> </table> | Signature <u>Von J Kunz</u> | Date <u>3-14-03</u> | Name (Typed or Printed) <u>Von J Kunz</u> | Title <u>President</u> |
| Signature <u>Von J Kunz</u>  | Date <u>3-14-03</u>  |                             |                     |   |                        |
| Name (Typed or Printed) <u>Von J Kunz</u>  | Title <u>President</u>   |                             |                     |   |                        |