

No. **C 139348**

**Due no later than Jun 30, 2003
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

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

1. Mailing Address - Correct in this box, if applicable

PIONEER DENTAL, P.C.
915 E ANTILLES CT
MERIDIAN, ID 83642

LYLE MCCLELLAN
317 N CHERRY LN
MERIDIAN, ID 83642

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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	Lyle G. McClellan	915 E Antilles Ct	Meridian	10	83642
Secretary	Lianne McClellan	915 E Antilles Ct	Meridian	10	83642

5. Organized Under the Laws of:

IDAHO
C 139348

6.

Signature

Date

4/25/03

Name (Typed or Printed)

Lyle G. McClellan DDS

Title

President