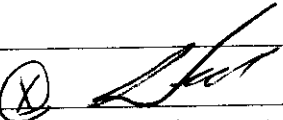


No. C 126637	Due no later than December 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX LYNN WENTZ 1265 AHSAHKA RD PO BOX 748 OROFINO, ID 83544 0748
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box if applicable GENTLE FAMILY DENTISTRY, P.C. LYNN WENTZ PO BOX 748 OROFINO, ID 83544 0748	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	Lynn Wentz	PO Box 748	Orofino	ID	83544
SECRETARY	Michael B. Miller	PO Box 748	Orofino	ID	83544

5. Organized Under the Laws of: IDAHO C 126637	6. Signature  Date <u>10/10/03</u> Name (Typed or Printed) <u>Lynn Wentz DDS</u> Title <u>president</u>
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