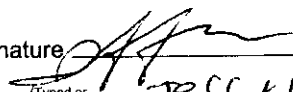
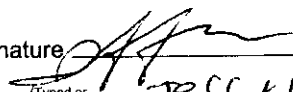
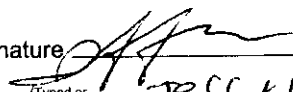


No. C 121255	Due no later than Oct 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX JEFF KLINE 2016 W PULLMAN RD STE C MOSCOW, ID 83843
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable FAMILY DENTAL CENTER OF MOSCOW, P.C 2016 W PULLMAN RD STE C MOSCOW, ID 83843	3. <u>New</u> 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	Jeff Kline	2016 W Pullman Rd Ste C	Moscow	ID	83843
Secretary	Diana Kline	"	"	"	"

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 121255</div>	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>8/10/02</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Jeff Kline</u></td> <td>Title <u>Pres.</u></td> </tr> </table>	Signature 	Date <u>8/10/02</u>	Name (Typed or Printed) <u>Jeff Kline</u>	Title <u>Pres.</u>
Signature 	Date <u>8/10/02</u>				
Name (Typed or Printed) <u>Jeff Kline</u>	Title <u>Pres.</u>				