No. C 126637	Due no later than Dec 31, 2000 Annual Report Form 1. Mailing Address - Correct in this box, if applicable GENTLE FAMILY DENTISTRY, P.C. LYNN WENTZ PO BOX 748 OROFINO, ID 83544		2. Registered Agent and Office NO PO BOX LYNN WENTZ 1265 AHSAHKA RD PO BOX 748 OROFINO, ID 83544 3. New Registered Agent Signature	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				
	nes and Business Addresses of President	dent, Secretary	and Directors.	
Office held Name	Street or P.O. Address	<u>City</u> Orafino	State	83544
Secretary Michael	8. Miller Po Box 748	Orofine	.TO	83544
5. Organized Under the Laws of: IDAHO	6. Signature			-10-00
C 126637	Name Printed) Lynn Win 1	17_		Pres.
Issued 10/02/2000	Do Not Tape or Sta	aple		2443