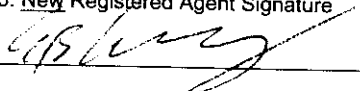
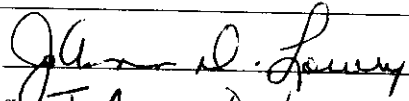


No. J 863	Due no later than Nov 30, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		ERIC LOWRY 9460 FRANKLIN RD BOISE, ID 83709																			
	BOISE WEST DENTAL HEALTH, L.L.P. 9460 FRANKLIN RD BOISE, ID 83709		3. <u>New</u> Registered Agent Signature 																			
4. Limited Liability Partnerships: No further information is required.																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Partner</td> <td>F. Brion Lowry</td> <td>9460 Franklin</td> <td>Boise</td> <td>ID</td> <td>83209</td> </tr> <tr> <td>Partner</td> <td>Eric B. Lowry</td> <td>9460 Franklin</td> <td>Boise</td> <td>ID</td> <td>83209</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Partner	F. Brion Lowry	9460 Franklin	Boise	ID	83209	Partner	Eric B. Lowry	9460 Franklin	Boise	ID	83209
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Partner	Eric B. Lowry	9460 Franklin	Boise	ID	83209																	
5. Organized Under the Laws of: IDAHO J 863		6. Signature  Date <u>9-11-02</u> Name <small>(Typed or Printed)</small> <u>JoAnn D. Lowry</u> Title <u>Sec</u>																				