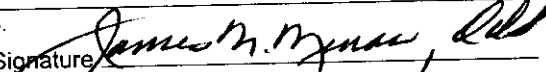


No. J 135	Due no later than Nov 30, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address - Correct in this box, if applicable NORTHVIEW DENTAL CENTER, LLP JAMES M MINAS 7337 NORTHVIEW BOISE, ID 83704	JAMES M MINAS 7337 NORTHVIEW BOISE, ID 83704																	
4. Limited Liability Partnerships: No further information is required. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>JAMES M. MINAS DDS</td> <td>7337 NORTHVIEW BOULE</td> <td>IDAHO</td> <td></td> <td>83704</td> </tr> <tr> <td>SEC - TREAS.</td> <td>JUDITH J. MINAS</td> <td>3400 STONE CREEK RD</td> <td>BOISE</td> <td>IDAHO</td> <td>83703</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>	PRESIDENT	JAMES M. MINAS DDS	7337 NORTHVIEW BOULE	IDAHO		83704	SEC - TREAS.	JUDITH J. MINAS	3400 STONE CREEK RD	BOISE	IDAHO	83703
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5. Organized Under the Laws of: IDAHO J 135	6.  Signature _____ Date <u>9/9/02</u> (Typed or Printed Name) <u>JAMES M. MINAS DDS</u> Title <u>PRESIDENT</u>																			