

No. C 109422	Due no later than Feb 28, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX PAMELA A POWELL DMD 120 N 23RD BOISE, ID 83702																		
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 PAMELA A. POWELL, D.M.D., P.A. PAMELA A POWELL DMD 120 N 23RD BOISE, ID 83702		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Pamela A. Powell</td> <td>5232 N. 36th St</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>Sec.</td> <td>Robin A. Dodson</td> <td>5232 N. 36th St</td> <td>Boise.</td> <td>ID</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>	Pres.	Pamela A. Powell	5232 N. 36 th St	Boise	ID	83702	Sec.	Robin A. Dodson	5232 N. 36 th St	Boise.	ID	83703
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5. Organized Under the Laws of: IDAHO C 109422		6. Signature <u>Pamela A. Powell</u> Date <u>1-24-02</u> Name (Typed or Printed) <u>Pamela A. Powell</u> Title <u>Pres./dentist</u>																			