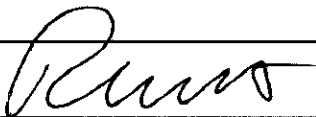


No. <b>C109422</b>	<b>Annual Report Form 1999</b> <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>PAMELA A POWELL DMD</b> <b>120 N 23RD</b>  <b>BOISE ID 83702</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  <b>PAMELA A. POWELL, D.M.D., P.</b> <b>PAMELA A POWELL DMD</b> <b>120 N 23RD</b>  <b>BOISE ID 83702</b>		3. Organized Under the Laws of:  <b>ID C109422</b>	
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)				
Office held      Name      Street or P.O. Address      City      State      Zip				
PRES.      PAMELA A. POWELL      120 N. 23 RD. ST.      BOISE      ID      83702				
5. Signature of New Registered Agent		6.  Signature _____ Date <u>7-30-99</u> Name (Typed or Printed) <u>ROBERT R. WEST</u> Title <u>OFF MGR</u>		

**ISSUED: 07-03-1999**

**20271**