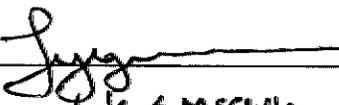


REINSTATEMENT

No. C 119271 Return to: SECRETARY OF STATE 700 WEST JEFFERSON P.O. BOX 83720 BOISE, ID 83720-0060 FEE DUE 30.00 ADMIN DISS 2/6/1998	Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX LYLE G MCCLELLAN 1169 PARKWAY DR BLACKFOOT ID 83221												
	1. Mailing Address - Please Correct, if Not Correct LYLE G. MCCLELLAN, D.D.S., P.A. 1169 PARKWAY DR BLACKFOOT ID 83221	3. Organized Under the Laws of: ID C 119271												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)														
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office Held</u></th> <th style="text-align: left; width: 20%;"><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: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> President, Secretary Treasurer } </td> <td style="vertical-align: top;"> Lyle G McClellan </td> <td style="vertical-align: top;"> P.O. Box 892 </td> <td style="vertical-align: top;"> Blackfoot </td> <td style="vertical-align: top;"> ID </td> <td style="vertical-align: top;"> 83221 </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, Secretary Treasurer }	Lyle G McClellan	P.O. Box 892	Blackfoot	ID	83221
<u>Office Held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President, Secretary Treasurer }	Lyle G McClellan	P.O. Box 892	Blackfoot	ID	83221									
5. Signature of New Registered Agent	6. Signature: <u></u> Date: <u>3-11-98</u> Name (Typed or Printed): <u>Lyle G. McClellan, D.D.S.</u> Title: <u>President</u>													

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 SECRETARY OF STATE
 STATE OF IDAHO

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- 1.) Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.
NOTE: The name of the business entity cannot be altered on the annual report form.
- 2.) If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to #4 below.
- 3.) Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.
 Limited Liability Company: Enter the names and addresses of the managers or members in block 4.
NOTE: Putting "same as last year" WILL NOT be accepted.
- 4.) Limited Liability Company: If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
- 5.) Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title.
 Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.
- 6.) If new registered Agent, please sign block 5.