

No. C 132108

Due no later than January 31, 2005
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

1. Mailing Address - Correct in this box, if applicable

AESTHETIC & FAMILY DENTAL CENTER, P
LON C MCRAE, D.M.D.
2947 E MAGIC VIEW DR #4
MERIDIAN, ID 83642

LON C MCRAE D.M.D.
2947 E MAGIC VIEW DR #4
MERIDIAN, ID 83642

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

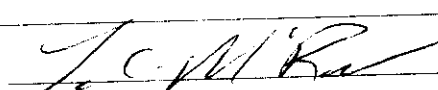
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Lon C McRae	2947 E Magic View Dr #4	Meridian	ID	83642

5. Organized Under the Laws of:

IDAHO
C 132108

6.

Signature



Date

11/15/04

Name (Typed or Printed)

Lon C McRae

Title

President