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| <b>No. C 85849</b>  | <b>Due no later than Feb 28, 2002</b><br><b>Annual Report Form</b>  | 2. Registered Agent and Office <b>NO PO BOX</b><br>MARILYN YOUNG<br>5439 LAPWAI<br><br>BOISE, ID 83709 |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>         RECEIVED BY DUE DATE</b> | 1. Mailing Address - Correct in this box, if applicable<br>DENNY'S DENTAL SERVICE, INC.<br>MARILYN YOUNG<br>5439 LAPWAI PL<br><br>BOISE, ID 83709 | 3. <u>New</u> Registered Agent Signature   |

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          | Dennis G. Young  | 5439 LAPWAI PL                | Boise       | ID           | 83709      |
| Secy/Treas         | MARILYN K. YOUNG | 5439 LAPWAI PL                | Boise       | ID           | 83709      |

|   |   |                                  |                      |  |                   |
|---|---|----------------------------------|----------------------|--|-------------------|
| 5. Organized Under the Laws of:<br><br>IDAHO<br>C 85849 | 6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature <u>Marilyn K Young</u></td> <td style="width: 40%;">Date <u>12/17/01</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>MARILYN K YOUNG</u></td> <td>Title <u>Secy</u></td> </tr> </table> | Signature <u>Marilyn K Young</u> | Date <u>12/17/01</u> | Name (Typed or Printed) <u>MARILYN K YOUNG</u> | Title <u>Secy</u> |
| Signature <u>Marilyn K Young</u>                        | Date <u>12/17/01</u>  |                                  |                      |  |                   |
| Name (Typed or Printed) <u>MARILYN K YOUNG</u>          | Title <u>Secy</u>   |                                  |                      |  |                   |