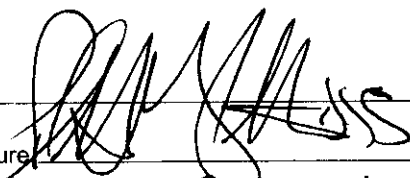


No. C 117856	Due no later than January 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable		PHILLIP GLIDDEN 103 W SUPERIOR SANDPOINT, ID 83864														
	P.A. GLIDDEN FAMILY DENTISTRY, P.A. 103 W SUPERIOR																
NO FILING FEE IF RECEIVED BY DUE DATE	SANDPOINT, ID 83864		3. New Registered Agent Signature														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																	
<table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>president</td> <td>Phillip Glidden DDS</td> <td rowspan="2">> 103 W. Superior</td> <td rowspan="3">Sandpoint, ID</td> <td rowspan="2"></td> <td rowspan="2">83864</td> </tr> <tr> <td>Secretary</td> <td>Phillip Glidden DDS</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	Phillip Glidden DDS	> 103 W. Superior	Sandpoint, ID		83864	Secretary	Phillip Glidden DDS
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
president	Phillip Glidden DDS	> 103 W. Superior	Sandpoint, ID		83864												
Secretary	Phillip Glidden DDS																
5. Organized Under the Laws of: IDAHO C 117856		6.  Signature _____ Date <u>11-12-03</u> Name <small>(Typed or Printed)</small> <u>Phillip Glidden DDS</u> Title <u>President</u>															