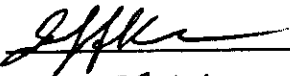


No. C 121255	Due no later than October 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		JEFF KLINE 2016 W PULLMAN RD STE C MOSCOW, ID 83843																			
	FAMILY DENTAL CENTER OF MOSCOW, P.C 2016 W PULLMAN RD STE C MOSCOW, ID 83843		3. New Registered Agent Signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Jeff Kline</td> <td>2016 W. Pullman Rd</td> <td>MOSCOW</td> <td>ID</td> <td>83843</td> </tr> <tr> <td>Secretary</td> <td>Diana Kline</td> <td>2016 W. Pullman Rd</td> <td>MOSCOW</td> <td>ID</td> <td>83843</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Jeff Kline	2016 W. Pullman Rd	MOSCOW	ID	83843	Secretary	Diana Kline	2016 W. Pullman Rd	MOSCOW	ID	83843
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Secretary	Diana Kline	2016 W. Pullman Rd	MOSCOW	ID	83843																	
5. Organized Under the Laws of: IDAHO C 121255		6. Signature  Date <u>10/5/06</u> Name (Typed or Printed) <u>JEFF Kline</u> Title <u>President</u>																				

Issued 08/01/2006

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