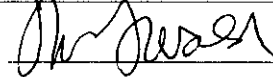


No. C 54524	Due no later than Nov 30, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable THOMAS G. WALSH, DDS., P.A. THOMAS G WALSH 1027 SHERMAN AVE COEUR D' ALENE, ID 83814		THOMAS G WALSH 1027 SHERMAN AVE COEUR D' ALENE, ID 83814																			
	3. <u>New</u> 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>Pres.</td> <td>Thomas G. WALSH</td> <td>1027 Sherman Ave</td> <td>CD A</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Director</td> <td>THOMAS G. WALSH</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Thomas G. WALSH	1027 Sherman Ave	CD A	ID	83814	Director	THOMAS G. WALSH	" "	" "	" "	" "
Office held	Name	Street or P.O. Address	City	State	Zip																	
Pres.	Thomas G. WALSH	1027 Sherman Ave	CD A	ID	83814																	
Director	THOMAS G. WALSH	" "	" "	" "	" "																	
5. Organized Under the Laws of: IDAHO C 54524		6. Signature  Date <u>9-15-00</u> Name (Typed or Printed) <u>THOMAS G. WALSH</u> Title: <u>PRES.</u> XXXX																				

Issued 09/04/2000

Do Not Tape or Staple

2786