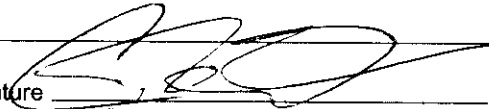


No. C 105794	Due no later than Apr 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		BUCK DREW 181 N 1ST AVE KETCHUM, ID 83340																		
	BUCK DREW, DDS, P.A. BUCK DREW PO BOX 899 KETCHUM, ID 83340		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><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>Buck Drew</td> <td>PO Box 899</td> <td>Ketchum</td> <td>ID.</td> <td>83340</td> </tr> <tr> <td>Secretary</td> <td>Tim Thomas</td> <td>PO Box 3234</td> <td>Ketchum</td> <td>ID.</td> <td>83340</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	Buck Drew	PO Box 899	Ketchum	ID.	83340	Secretary	Tim Thomas	PO Box 3234	Ketchum	ID.	83340
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5. Organized Under the Laws of: IDAHO C 105794	6.  Signature _____ Date <u>5-14-03</u> Name <small>(Typed or Printed)</small> <u>Buck Drew</u> Title <u>Dentist/Owner</u>																				