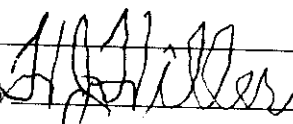
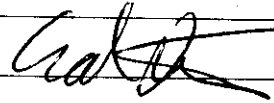


No. C 67499	Due no later than August 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: (Correct in this box, if applicable) HOLLEN J. HILLER, D.D.S., PROFESSIO HOLLEN J HILLER, DDS 280 HARTERT IDAHO FALLS, ID 83404		HOLLEN J HILLER 280 HARTERT IDAHO FALLS, ID 83404													
NO FILING FEE IF RECEIVED BY DUE DATE			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>HOLLEN J. HILLER DDS PA</td> <td>280 HARTERT IDAHO FALLS IDAHO 83404</td> <td></td> <td></td> <td></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	HOLLEN J. HILLER DDS PA	280 HARTERT IDAHO FALLS IDAHO 83404			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
President	HOLLEN J. HILLER DDS PA	280 HARTERT IDAHO FALLS IDAHO 83404														
5. Organized Under the Laws of: IDAHO C 67499		6.  Signature _____ Date <u>6/12/03</u> Name (Typed or Printed) <u>HOLLEN J HILLER DDS</u> Title <u>President</u>														

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5. Organized Under the Laws of: NEW HAMPSHIRE C 129080	6.  Signature _____ Date _____ Name (Typed or Printed) <u>Edward Zaremba</u> Title <u>Pres</u>		
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Issued 06/05/2003

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