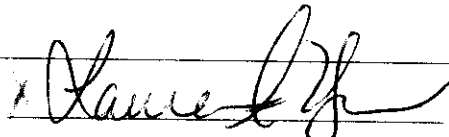
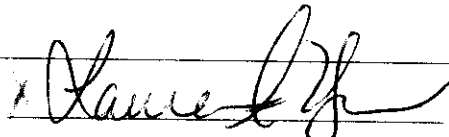
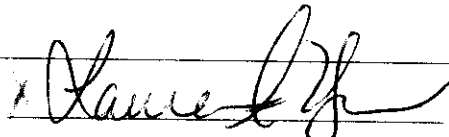


No. C 138664	Due no later than Apr 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		BRAD J WILLIAMS 467 S RIVERSHORE LN EAGLE, ID 83616																		
	COMPLETE FAMILY DENTISTRY, P.A. 467 S RIVERSHORE LN EAGLE, ID 83616		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" data-bbox="323 394 1880 788"> <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>BRAD WILLIAMS</td> <td>DDS 467 S RIVERSHORE LN</td> <td>EAGLE</td> <td>ID</td> <td>83616</td> </tr> <tr> <td>VICE-PRESIDENT</td> <td>LAUREN YUN</td> <td>DDS 467 S RIVERSHORE LN</td> <td>EAGLE</td> <td>ID</td> <td>83616</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	BRAD WILLIAMS	DDS 467 S RIVERSHORE LN	EAGLE	ID	83616	VICE-PRESIDENT	LAUREN YUN	DDS 467 S RIVERSHORE LN	EAGLE	ID	83616
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5. Organized Under the Laws of: IDAHO C 138664	6. <table border="1" data-bbox="847 788 1880 943"> <tr> <td data-bbox="847 788 1465 881"> Signature  </td> <td data-bbox="1465 788 1880 881"> Date 5-11-4 </td> </tr> <tr> <td data-bbox="847 881 1465 943"> Name <small>(Typed or Printed)</small> LAUREN YUN DDS </td> <td data-bbox="1465 881 1880 943"> Title VICE PRESIDENT </td> </tr> </table>			Signature 	Date 5-11-4	Name <small>(Typed or Printed)</small> LAUREN YUN DDS	Title VICE PRESIDENT														
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