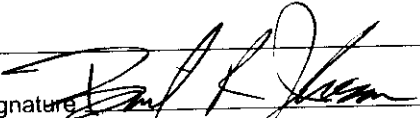


No. C 47713	Due no later than Jun 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable JOHNSON DENTAL CENTER, P.A. BRENT R JOHNSON 1606 E. CENTER POCATELLO, ID 83201		BRENT R JOHNSON 1606 E CENTER POCATELLO, ID 83201 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>President</td> <td>Brent R Johnson</td> <td>1606 E. Center ST.</td> <td>Pocatello,</td> <td>Idaho</td> <td>83201</td> </tr> <tr> <td>Secretary</td> <td>Cathleen Johnson</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Brent R Johnson	1606 E. Center ST.	Pocatello,	Idaho	83201	Secretary	Cathleen Johnson	" "	" "	" "	" "
Office held	Name	Street or P.O. Address	City	State	Zip																
President	Brent R Johnson	1606 E. Center ST.	Pocatello,	Idaho	83201																
Secretary	Cathleen Johnson	" "	" "	" "	" "																
5. Organized Under the Laws of: IDAHO C 47713	6.  Signature _____ Date <u>4-9-03</u> Name (Typed or Printed) <u>Brent R. Johnson</u> Title <u>President</u>																				