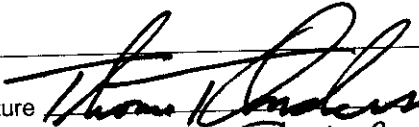


No. C 126780	Due no later than Dec 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PREMIER DENTAL CARE, P.C. THOMAS T ANDERSON 2685 CHANNING WAY IDAHO FALLS, ID 83404		THOMAS T. ANDERSON 1820 E 17TH ST STE 330 IDAHO FALLS, ID 83404 3. New 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>Thomas T. Anderson</td> <td>2685 Channing Way</td> <td>Idaho Falls</td> <td>Id</td> <td>83404</td> </tr> <tr> <td>Secretary</td> <td>Nancy Anderson</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Thomas T. Anderson	2685 Channing Way	Idaho Falls	Id	83404	Secretary	Nancy Anderson	"	"	"	"
Office held	Name	Street or P.O. Address	City	State	Zip																
President	Thomas T. Anderson	2685 Channing Way	Idaho Falls	Id	83404																
Secretary	Nancy Anderson	"	"	"	"																
5. Organized Under the Laws of: IDAHO C 126780	6. Signature  Date <u>1/13/02</u> Name (Typed or Printed) <u>Thomas T. Anderson</u> Title <u>President</u>																				