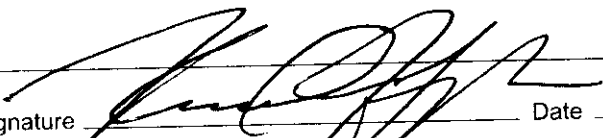


<b>No. C 108811</b>	<b>Due no later than December 31, 2003</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable POST FALLS FAMILY DENTAL CENTER, P. KENNETH LYNN 1002 N SPOKANE ST  POST FALLS, ID 83854		H JAMES MAGNUSON 816 SHERMAN AVE  COEUR D'ALENE, ID 83814  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>Pres.</td> <td>Kenneth J. Lynn</td> <td>7871 N. Colfax</td> <td>Dalton Gardens</td> <td>ID</td> <td>83815</td> </tr> <tr> <td>Sec.</td> <td>Teresa Wasilski</td> <td>1621 E. Park Lane</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Kenneth J. Lynn	7871 N. Colfax	Dalton Gardens	ID	83815	Sec.	Teresa Wasilski	1621 E. Park Lane	Post Falls	ID	83854
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5. Organized Under the Laws of:  IDAHO C 108811	6.  Signature _____ Date <u>11/17/03</u> Name (Typed or Printed) <u>KENNETH J. LYNN</u> Title <u>Pres.</u>																				