


**FILED EFFECTIVE STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

File #: C144102

The undersigned entity submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the State of Idaho.

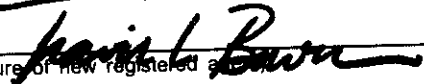
1. The name of the entity is: MONTE PAGE FAMILY DENTISTRY, DMD, P.A.
2. The street address of its present registered office is: 3737 AUGUSTA DRIVE, POCATELLO, ID 83204
3. The street address (not a P.O. box) to which its registered office is to be changed is: 1906 JENNIE LEE DRIVE, IDAHO FALLS, ID 83404
4. The name of its old registered agent is: MONTE PAGE
5. The name of its new registered agent is: TRAVIS BOWEN PC
6. The address of the registered office and the business address of the registered agent are identical.

Dated: JUNE 9, 2004

Signed: 
Printed: RICHARD LAMONTE PAGE
Capacity: PRESIDENT

I consent to serve as registered agent for the above-named entity.

(See reverse for instructions)


(Signature of new registered agent)