

<b>No. C 106962</b>	<b>Due no later than Jul 31, 2003 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  BOISE ORAL AND MAXILLOFACIAL SURGERY BRUCE MORRISON DDS 6363 EMERALD STE 103  BOISE, ID 83704		BRUCE MORRISON DDS 6363 EMERALD STE 103  BOISE, ID 83704												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			3. New Registered Agent Signature <i>[Signature]</i>												
<table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>SECRETARY</td> <td>KEVIN KEMPERS DDS, MD</td> <td>6363 EMERALD STE 103</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>	<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	SECRETARY	KEVIN KEMPERS DDS, MD	6363 EMERALD STE 103	BOISE	ID	83704			
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SECRETARY	KEVIN KEMPERS DDS, MD	6363 EMERALD STE 103	BOISE	ID	83704										
5. Organized Under the Laws of:  IDAHO C 106962	6. Signature <i>[Signature]</i> Date <u>5/8/03</u> Name <u>BRUCE MORRISON DDS</u> (Typed or Printed) Title <u>PRES</u>														