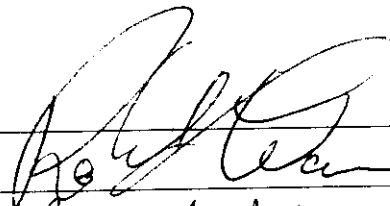


No. C 126742	Due no later than Dec 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX ROBERT L WALKER 35 MADISON PROFESSIONAL PAR REXBURG, ID 83440		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MADISON PARK DENTAL CENTER, P.C. 35 MADISON PROFESSIONAL PARK REXBURG, ID 83440		3. <u>New</u> Registered Agent Signature		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Madison Park Dental Center P.C.	35 Madison Prof. Park	Rexburg	ID	83440
5. Organized Under the Laws of: IDAHO C 126742		6. Signature  Date <u>12/16/02</u> Name <small>(Typed or Printed)</small> <u>Robert L. Walker</u> Title <u>President</u>			