

| No. C 120151 | Due no later than July 31, 2004 Annual Report Form | | 2. Registered Agent and Office NO PO BOX MARLEEN THOMASON 1415 FILLMORE ST STE 3B TWIN FALLS, ID 83301 | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--------------------|-------------|-------------------------------|-------------|--------------|------------|-----------|------------------|----------------------|------------|----|-------|-----------|----------------|--------------------|--------------|----|--|----------|-----------------|---------|---|---|---|
| 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 STERLING DENTAL, INC. MARLEEN THOMASON 1415 FILLMORE ST STE 702 TWIN FALLS, ID 83301 | | 3. <u>New</u> Registered Agent Signature | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 5%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>MARLEEN THOMASON</td> <td>508 NORTH POINTE DR.</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>SECRETARY</td> <td>HALEY THOMASON</td> <td>1928 TOSCANINI WAY</td> <td>N. LAS VEGAS</td> <td>NV</td> <td></td> </tr> <tr> <td>DIRECTOR</td> <td>TERESA THOMASON</td> <td>" " " "</td> <td>"</td> <td>"</td> <td>"</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> | PRESIDENT | MARLEEN THOMASON | 508 NORTH POINTE DR. | TWIN FALLS | ID | 83301 | SECRETARY | HALEY THOMASON | 1928 TOSCANINI WAY | N. LAS VEGAS | NV | | DIRECTOR | TERESA THOMASON | " " " " | " | " | " |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | | | | | | | | | | | | |
| PRESIDENT | MARLEEN THOMASON | 508 NORTH POINTE DR. | TWIN FALLS | ID | 83301 | | | | | | | | | | | | | | | | | | | | | | |
| SECRETARY | HALEY THOMASON | 1928 TOSCANINI WAY | N. LAS VEGAS | NV | | | | | | | | | | | | | | | | | | | | | | | |
| DIRECTOR | TERESA THOMASON | " " " " | " | " | " | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO C 120151 | | 6. <u>Marleen Thomason</u> Date <u>5/7/04</u> Signature Name (Typed or Printed) <u>MARLEEN THOMASON</u> Title <u>PRESIDENT</u> | | | | | | | | | | | | | | | | | | | | | | | | | |