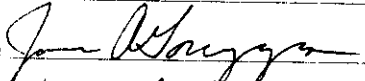


No. W 17178	Due no later than November 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MALLARD FAMILY DENTAL CENTER, PLLC JAMES A GORCZYCA DDS 144 E MALLARD DR BOISE, ID 83706		JAMES A GORCZYCA DDS 144 E MALLARD DR BOISE, ID 83706 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0"> <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>MANAGER -</td> <td>JAMES A. GORCZYCA, DDS</td> <td>144 E. MALLARD DR.</td> <td>BOISE</td> <td>ID.</td> <td>83706</td> </tr> <tr> <td>MANAGER -</td> <td>JEFFREY B. KESLING, DDS</td> <td>144 E. MALLARD DR.</td> <td>BOISE</td> <td>ID.</td> <td>83706</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>	MANAGER -	JAMES A. GORCZYCA, DDS	144 E. MALLARD DR.	BOISE	ID.	83706	MANAGER -	JEFFREY B. KESLING, DDS	144 E. MALLARD DR.	BOISE	ID.	83706
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5. Organized Under the Laws of: IDAHO W 17178		6. Signature  Date <u>9-10-04</u> Name (Typed or Printed) <u>JAMES A. GORCZYCA</u> Title <u>MANAGER</u>																			

Issued 09/01/2004

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