

No. <b>W 16501</b>	<b>Due no later than Sep 30, 2002</b> <b>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	1. Mailing Address - Correct in this box, if applicable		TAD E HANCOCK 12367 N HAWTHORNE RD POCATELLO, ID 83202		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	TAD E. HANCOCK DDS, PLLC TAD E HANCOCK 12367 N HAWTHORNE RD 445 Hampton POCATELLO, ID 83202		3. New Registered Agent Signature		
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Owner/ Dentist	Tad Hancock	445 Hampton	Pocatello	ID	83202
5. Organized Under the Laws of:	6. Signature <u>Tad Hancock</u> Date <u>10/12/02</u>				
IDAHO W 16501	Name <u>(Type or Printed)</u> <u>Tad Hancock</u> Title <u>Owner/Dentist</u>				