

<b>No. 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  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		TAD E HANCOCK 12367 N HAWTHORNE RD  POCATELLO, ID 83202													
	TAD E. HANCOCK DDS, PLLC TAD E HANCOCK <del>12367 N HAWTHORNE RD</del> 445 Hampton  POCATELLO, ID 83202		3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <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>Owner/ Dentist</td> <td>Tad Hancock</td> <td>445 Hampton</td> <td>Pocatello</td> <td>ID</td> <td>83202</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>	Owner/ Dentist	Tad Hancock	445 Hampton	Pocatello	ID	83202
<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:  IDAHO W 16501		6. Signature <u>Tad E Hancock</u> Date <u>10/12/02</u> Name (Typed or Printed) <u>Tad Hancock</u> Title <u>Owner/Dentist</u>														