

No. C 150620	Due no later than August 31, 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 DUSKIN DENTAL P.C. 801 N MILWAUKEE COEUR D'ALENE, ID 83814		BRYCE K DUSKIN 801 N MILWAUKEE COEUR D'ALENE, ID 83814													
3. <u>New</u> Registered Agent Signature																
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <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>President</td> <td>BRYCE DUSKIN</td> <td>801 N Milwaukee</td> <td>Coeur d'Alene</td> <td>Idaho</td> <td>83814</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	BRYCE DUSKIN	801 N Milwaukee	Coeur d'Alene	Idaho	83814
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
President	BRYCE DUSKIN	801 N Milwaukee	Coeur d'Alene	Idaho	83814											
5. Organized Under the Laws of: IDAHO C 150620		6. Signature <u>Bryce L. Duskin D.D.S.</u> Date <u>6/8/04</u> Name (Typed or Printed) <u>Bryce Duskin</u> Title <u>President</u>														

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