

No. C 62343

Due no later than October 31, 2003

Annual Report Form

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

GALEN K. HAAS, D.D.S., P.A.

GALEN K HAAS

1639 23RD AVE.

LEWISTON, ID 83501

2. Registered Agent and Office NO PO BOX

GALEN K HAAS

163 23RD AVE.

LEWISTON, ID 83501

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

| Office held | Name | Street or P.O. Address | City | State | Zip |
|-------------|--------------|-------------------------|----------|-------|-------|
| PRESIDENT | GALEN HAAS | 515 CRESTLINE CIRCLE CT | LEWISTON | ID | 83501 |
| SEC. | MARYANN HAAS | 515 CRESTLINE CIR. CT. | LEWISTON | ID | 83501 |
| DIRECTOR | GALEN HAAS | " " " " | " | " | " |
| DIRECTOR | MARYANN HAAS | " " " " | " | " | " |

5. Organized Under the Laws of:

IDAHO

C 62343

6. Signature Galen K Haas
Name (Typed or Printed)

Date 8/15/03

Title Pres