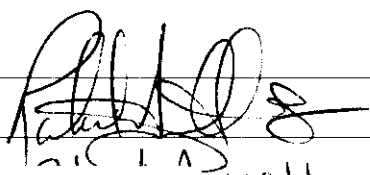


No. C 125660	Due no later than September 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX ROBERT AGNETTA, DDS, MS 5220 N EAGLE RD BOISE, ID 83713												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ROBERT AGNETTA, DDS, MS, P.A. 5220 N EAGLE RD BOISE, ID 83713		3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">President</td> <td style="vertical-align: top;">Robert Agnetta</td> <td style="vertical-align: top;">5220 N Eagle Rd</td> <td style="vertical-align: top;">Boise</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83713</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Robert Agnetta	5220 N Eagle Rd	Boise	ID	83713
Office held	Name	Street or P.O. Address	City	State	Zip										
President	Robert Agnetta	5220 N Eagle Rd	Boise	ID	83713										
5. Organized Under the Laws of: IDAHO C 125660		6. Signature  Date <u>7.8.04</u> Name <small>(Typed or Printed)</small> <u>Robert Agnetta</u> Title <u>President</u>													