

No. C 83652	Due no later than April 30, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX CARLA (JESS) WOLFRUM 1119 N. 4TH STREET COEUR D'ALENE, ID 83814
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) COEUR D'ALENE DENTURE CLINIC, INC. CARLA (JESS) WOLFRUM 1119 N. 4TH STREET COEUR D'ALENE, ID 83814	3. <u>New</u> Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	JACQUELINE NEFF	10195 MALE	HAYDEN	ID	83855
SECT/TREAS	KIMBELLEE KEMT	7324 WHEATFIELD	COEUR D'ALENE	ID	83814
DIRECTOR	SILVESTER LEONHARD	9008 BEAUTY DAY	COEUR D'ALENE	ID	83814
DIRECTOR	CARLA WOLFRUM	623 MOUNTAIN EBT.	PRIEST RIVER	ID	83856

5. Organized Under the Laws of: IDAHO C 83652	6. Signature <u> <i>Jacqueline Neff</i> </u> Name (Typed or Printed) <u> <i>Jacqueline Neff</i> </u> Date <u> <i>Feb 23 04</i> </u> Title <u> <i>President</i> </u>
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