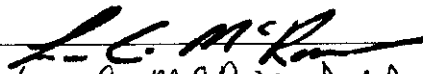


<b>No. C 132108</b>	<b>Due no later than January 31, 2004</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address (Correct in this box if applicable) AESTHETIC & FAMILY DENTAL CENTER, P LON C MCRAE, D.M.D. 2947 E MAGIC VIEW DR #4  MERIDIAN, ID 83642	LON C MCRAE D.M.D. 2947 E MAGIC VIEW DR #4  MERIDIAN, ID 83642
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		3. <u>New</u> 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
Owner	Lon C. McRae, D.M.D.	1305 W. Georgia	Nampa	ID	83651
Sec.	Holle McRae	1305 W. Georgia	Nampa	ID	83651

5. Organized Under the Laws of:  IDAHO C 132108	6. Signature <u></u> Date <u>12-1-03</u> Name (Typed or Printed) <u>Lon C. McRae, DMD</u> Title <u>Owner</u>
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