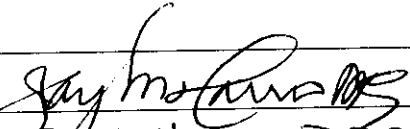


No. <b>W 2423</b>	<b>Due no later than May 31, 2001</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b>		JAY M HARRIS												
	1. Mailing Address - Correct in this box, if applicable HARRIS OSWALD DENTAL, P.L.L.C. JAY M HARRIS 1810 MORAN		1810 MORAN												
	IDAHO FALLS, ID 83401		IDAHO FALLS, ID 83401												
3. <u>New</u> Registered Agent Signature															
4. Limited Liability Companies: Enter Names and Addresses of Managers.  <table border="0"> <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>Manager</td> <td>Jay M. HARRIS</td> <td>1810 MORAN</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</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>	Manager	Jay M. HARRIS	1810 MORAN	Idaho Falls	ID	83401
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Jay M. HARRIS	1810 MORAN	Idaho Falls	ID	83401										
5. Organized Under the Laws of:  IDAHO W 2423		6. Signature  Name (Typed or Printed) JAY M. HARRIS DDS. <del>xxxx</del> Date 4-27-01 Title: Manager													