

No. W 18160	Due no later than February 29, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<div style="background-color: black; color: white; padding: 2px; font-size: small;">1. Mailing Address - Correct in this box, if applicable:</div> FAMILY DENTAL CARE PLLC JOHN L VOGL 855 AIRBASE RD 925 W AIRBASE RD MOUNTAIN HOME, ID 83647		JOHN L VOGL 855 AIRBASE RD MOUNTAIN HOME, ID 83647
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
	President John L Vogl	855 W 6th S	Mtn Home	ID	83647

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 18160</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature <u>John L Vogl</u> </td> <td style="width: 40%;"> Date <u>2/26/04</u> </td> </tr> <tr> <td> Name <small>(Typed or Printed)</small> <u>John L Vogl</u> </td> <td> Title <u>President</u> </td> </tr> </table>	Signature <u>John L Vogl</u>	Date <u>2/26/04</u>	Name <small>(Typed or Printed)</small> <u>John L Vogl</u>	Title <u>President</u>
Signature <u>John L Vogl</u>	Date <u>2/26/04</u>				
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