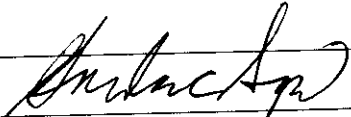


No. C 130719	Due no later than Oct 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable RELIANCE DENTAL, INC. 3143 EAST 12 NORTH IDAHO FALLS, ID 83402		GORDON SOPER 3143 EAST 12 NORTH IDAHO FALLS, ID 83402 3. <u>New</u> Registered Agent Signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Office held</u></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">PRES.</td> <td>GORDON C. SOPER</td> <td>3143 E 12 N</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83402</td> </tr> <tr> <td style="text-align: center;">V. PRES.</td> <td>DIXIE A. SOPER</td> <td>3143 E 12 N</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83402</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>	PRES.	GORDON C. SOPER	3143 E 12 N	IDAHO FALLS	ID	83402	V. PRES.	DIXIE A. SOPER	3143 E 12 N	IDAHO FALLS	ID	83402
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																	
PRES.	GORDON C. SOPER	3143 E 12 N	IDAHO FALLS	ID	83402																	
V. PRES.	DIXIE A. SOPER	3143 E 12 N	IDAHO FALLS	ID	83402																	
5. Organized Under the Laws of: COLORADO C 130719		6. Signature  Date 8/14/02 Name <small>(Typed or Printed)</small> GORDON C. SOPER Title PRES.																				