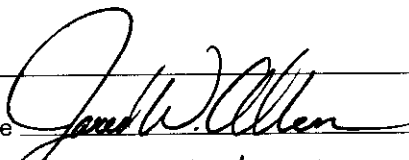
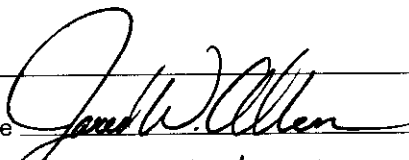
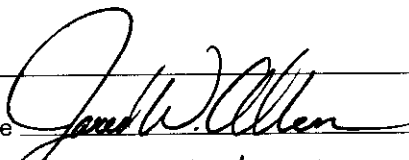


No. W 16891	Due no later than Oct 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable: IDAHO ENDODONTIC ASSOCIATES, PLLC JARED W ALLEN 2105 CORONADO IDAHO FALLS, ID 83404	JARED W ALLEN 2105 CORONADO IDAHO FALLS, ID 83404
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER	ROBERT OLSON, JR., DDS	9201 W. OVERLAND,	BOISE,	ID	83709
MEMBER	BRENT L. CHAPMAN, DDS	9201 W. OVERLAND,	BOISE,	ID	83709

5. Organized Under the Laws of: IDAHO W 16891	<table style="width: 100%;"> <tr> <td style="width: 60%;"> 6. Signature  </td> <td style="width: 40%;"> Date 10/11/02 </td> </tr> <tr> <td> Name (Typed or Printed) JARED W. ALLEN </td> <td> Title ORGANIZER </td> </tr> </table>	6. Signature 	Date 10/11/02	Name (Typed or Printed) JARED W. ALLEN	Title ORGANIZER
6. Signature 	Date 10/11/02				
Name (Typed or Printed) JARED W. ALLEN	Title ORGANIZER				