


<b>No. C 125491</b>	<b>Due no later than Sep 30, 2000</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  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable DENTURE CLINIC, INC. CINDY GIOVANINI 465 MAY ST  IDAHO FALLS, ID 83401		CINDY GIOVANINI 465 MAY ST  IDAHO FALLS, ID 83401																		
	IDAHO FALLS, ID 83401		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.  <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>President</td> <td>Fred E. Giovanini</td> <td>465 MAY ST.</td> <td>Idaho Falls,</td> <td>ID.</td> <td>83401</td> </tr> <tr> <td>Secretary</td> <td>Cindy Giovanini</td> <td>465 MAY ST.</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>	President	Fred E. Giovanini	465 MAY ST.	Idaho Falls,	ID.	83401	Secretary	Cindy Giovanini	465 MAY ST.	Idaho Falls,	ID.	83401
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Secretary	Cindy Giovanini	465 MAY ST.	Idaho Falls,	ID.	83401																
5. Organized Under the Laws of:  IDAHO C 125491	6. Signature  Date <u>7/20/00</u> Name (Typed or Printed) <u>Fred Giovanini</u> Title: <u>President</u>																				

Issued 07/10/2000

Do Not Tape or Staple

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