

No. C 113282		Due no later than Jan 31, 2015 Annual Report Form		2. Registered Agent and Address (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 needed. MAGIC VALLEY DENTURE CENTER, INC. JOHN SANDER 253 FIFTH AVE N TWIN FALLS ID 83301		JOHN SANDER 253 FIFTH AVE N TWIN FALLS 83301			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JOHN SANDER	253 FIFTH AVE N	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 113282		6. Annual Report must be signed.* Signature: JOHN SANDER Name (type or print): JOHN SANDER					
		Date: 02/13/2015 Title: DIRECTOR					
Processed 02/13/2015 * Electronically provided signatures are accepted as original signatures.							