

No. <b>W 5309</b>	<b>Due no later than January 31, 2005</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>	<b>1. Mailing Address - Correct in this box, if applicable</b>		VINCE L WILLIAMS DMD 590 FALLS AVE TWIN FALLS, ID 83301		
	MAGIC VALLEY ORAL SURGERY, P.L.L.C. VINCE L WILLIAMS DMD 590 FALLS AVE TWIN FALLS, ID 83301		3. <u>New</u> 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>
President	Vincent L. Williams	1982 Candleridge Dr.	Twin Falls	ID	83301
Surg/Pres	Fay L. Williams	" "	" "	"	"
5. Organized Under the Laws of:  IDAHO W 5309		6. Signature <u>Vincent L. Williams</u> Date <u>11-5-04</u> Name <small>(Typed or Printed)</small> <u>Vincent L. Williams</u> Title <u>President</u>			