| No. C 161011 | | Due no later than June 30, 2007 | | 2. Registered Agent and Office NO PO BOX | |
|--|--|---------------------------------|--|--|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | Annual Report Form 1. Mailing Address - Correct in this box, if applicable MAGIC VALLEY FAMILY DENTAL, PC 115 W 100 S RUPERT, ID 83350 | | NEAL JÖHNSÖN 115 WEST 100 SOUTH RUPERT, ID 83350 | | |
| NO FILING FEE IF | | | 3. New Registered Age | ent Signature | |
| Corporations: Enter Nan | nes and Business Addresses of P | resident, Secretary | and Directors. | | |
| president Neal Johnson Secretary Launi Johnson | Street or P.O. Address ON 115 W 100 S SM 115 W 100 S | Rupert Rupert | State ID ID | 210 83360 83360 | |
| | | | | | |
| 5. Organized Under the Laws of: IDAHO C 161011 | 6. Signature | DHNSON | Date 4- / | dent | |
| Issued 04/02/2007 | Do Not Tape or Staple 200706003787 | | | | |