

No. **C 139255**

Due no later than May 31, 2004

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

ALEXANDER DENTAL GROUP, CHTD

506 2ND ST E

TWIN FALLS, ID 83301

J ROBERT ALEXANDER
126 2ND AVE N

TWIN FALLS, ID 83301

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Robert E. Alexander	506 2nd St E	Twin Falls	ID	83301

5. Organized Under the Laws of:

IDAHO
C 139255

6.

Signature

Robert E. Alexander

Date

3/30/04

Name

(Typed or
Printed)

Dr. R. E. Alexander

Title

President