

No. C 135526

Due no later than September 30, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SANDPOINT DENTURE CLINIC, INC.
CARLA WOLFRUM
204 E SUPERIOR STE 9
SANDPOINT, ID 83864CARLA WOLFRUM
204 E SUPERIOR STE 9
SANDPOINT, ID 83864*Carla Wolfrum*
3. New Registered Agent SignatureNO FILING FEE IF
RECEIVED BY DUE DATE

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

Office held	Name	Street or P.O. Address	City	State	Zip	#
President	C.S. GRIFFIN	204 E Superior	SANDPOINT	ID	83864	9
Sect/Treas	C.R. WOLFRUM	204 E. Superior	SANDPOINT	ID	83864	#9

5. Organized Under the Laws of:

IDAHO
C 135526

6.

Signature

Carla Wolfrum

Date

7-16-07

Name (Typed or Printed)

C.R. Wolfrum

Title

SECT TREAS

Issued 07/02/2007

Do Not Tape or Staple

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