

No. W 5309	Due no later than January 31, 2004		2. Registered Agent and Office 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	Annual Report Form																					
	1. Mailing Address - Correct in this box, if applicable MAGIC VALLEY ORAL SURGERY, P.L.L.C. VINCE L WILLIAMS DMD 590 FALLS AVE TWIN FALLS, ID 83301		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. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Vincent L. Williams</td> <td>590 Falls Ave</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Sec/Treas</td> <td>Fay A. Williams</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Vincent L. Williams	590 Falls Ave	Twin Falls	ID	83301	Sec/Treas	Fay A. Williams				
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President	Vincent L. Williams	590 Falls Ave	Twin Falls	ID	83301																	
Sec/Treas	Fay A. Williams																					
5. Organized Under the Laws of: IDAHO W 5309		6. Signature <u>Vincent Williams</u> Date <u>11-7-03</u> Name <small>(Typed or Printed)</small> <u>Vincent L Williams</u> Title <u>President</u>																				