

No. C 135526

Due no later than September 30, 2008
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 83864NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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
Sec Treas	C.R. WOLFRUM	204 E Superior	SANDPOINT	ID	83864 #9

5. Organized Under the Laws of:

IDAHO
C 135526

6.

Signature

Name (Typed or Printed)

C.R. WOLFRUM

Date

7-17-08

Title

SEC TREAS