

No. C 113282

Due no later than January 31, 2007
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

MAGIC VALLEY DENTURE CENTER, INC.
JOHN SANDER
253 FIFTH AVE N
TWIN FALLS, ID 83301

JOHN SANDER
253 FIFTH AVE N
TWIN FALLS, ID 83301

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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	John Sander	253 5th Ave N	Twin Falls	ID	83301

5. Organized Under the Laws of:
IDAHO
C 113282

6.

Signature

Date

Name (Typed or Printed)

Title


John Sander

11-8-06
President