

No. W 5309	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX VINCE L WILLIAMS DMD 590 FALLS AVE TWIN FALLS ID 83301		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct MAGIC VALLEY ORAL SURGERY, P VINCE L WILLIAMS DMD 590 FALLS AVE TWIN FALLS ID 83301		3. Organized Under the Laws of: ID W 5309		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
Office held	Name	Street or P.O. Address	City	State	Zip
Member	Vincent L. Williams DMD PA	590 Falls Ave	Twin Falls	ID	83301
Member	Carol L. Flint DDS PA	590 Falls Ave	Twin Falls	ID	83301
5. Signature of New Registered Agent		6. Signature <u><i>Vincent L Williams</i></u> Date <u>7-14-99</u> Name <small>(Typed or Printed)</small> <u>Vincent L. Williams</u> Title <u>President</u>			

ISSUED: 07-03-1999

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