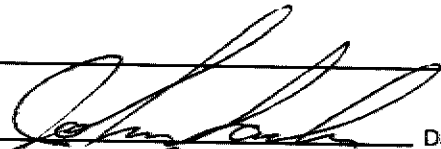


NO. C113282		Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P.O. BOX																									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED		1. Mailing Address - Please Correct, If Not Correct MAGIC VALLEY DENTURE CENTER, JOHN SANDER 253 FIFTH AVE N TWIN FALLS ID 83301		JOHN SANDER 253 FIFTH AVE N TWIN FALLS ID 83301																									
* FIRST NOTICE *		TWIN FALLS ID 83301		3. Organized Under the Laws of: ID C113282																									
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)																													
<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>John R. Sander</td> <td>253 5th AVE N.</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary</td> <td>Jonathan Sander</td> <td>253 5th AVE N.</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Treasurer</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Office held	Name	Street or P.O. Address	City	State	Zip	President	John R. Sander	253 5 th AVE N.	Twin Falls	ID	83301	Secretary	Jonathan Sander	253 5 th AVE N.	Twin Falls	ID	83301	Treasurer					
Office held	Name	Street or P.O. Address	City	State	Zip																								
President	John R. Sander	253 5 th AVE N.	Twin Falls	ID	83301																								
Secretary	Jonathan Sander	253 5 th AVE N.	Twin Falls	ID	83301																								
Treasurer																													
5.		6.																											
		Signature  Date 7-15-97 Name (Printed or Typed) John SANDER Title Denturist																											

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

3374