

No. C 135526

Due no later than September 30, 2004
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

SANDPOINT DENTURE CLINIC, INC.
CARLA WOLFRUM
204 E SUPERIOR STE 9
SANDPOINT, ID 83864

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204 E SUPERIOR STE 9
SANDPOINT, ID 83864

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip	#
Pres.	CAROL J. GRIFFIN	204 E Superior	SANDPOINT	ID	83864	#9
Sec/TRE	CARLA R. WOLFRUM	204 E Superior	SANDPOINT	ID	83864	#9

5. Organized Under the Laws of:

IDAHO
C 135526

6.

Signature

C.R. Wolfrum

Date

7-12-04

Name (Typed or Printed)

C.R. WOLFRUM

Title

Sec/TREAS

20040904648

Issued 07/01/2004

Do Not Tape or Staple