

No. **C 113282**

Due no later than January 31, 2006
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

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253 FIFTH AVE N
TWIN FALLS, ID 83301

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.

<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 12-5-05

Name (Printed or
Printed)

John Sander

Title

President

Issued 11/01/2005

Do Not Tape or Staple

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