No. C 125491

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than September 30, 2004
Annual Report Form

1. Mailing Address - Correct in this box, if applicable

DENTURE CLINIC, INC.
CINDY GIOVANINI
329 S WOODRUFF AVE
IDAHO FALLS, ID 83401

2. Registered Agent and Office **NO PO BOX**

CINDY GIOVANINI
465 MAY ST
IDAHO FALLS, ID 83401

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
Pres.	Fred Giovanini	465 May Street	Idaho Falls,	ID	83401
SEC.	Cindy Giovanini	465 May Street	Idaho Falls,	ID	83401
Dir.	Fred Giovanini	456 May Street	Idaho Falls,	ID	83401
Dir.	Cindy Giovanini	456 May Street	Idaho Falls,	ID	83401

5. Organized Under the Laws of:
IDAHO
C 125491

6.
Signature Cindy Giovanini Date 9/28/04
Name (Typed or Printed) CINDY Giovanini Title SECT.

Issued 07/01/2004

Do Not Tape or Staple

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