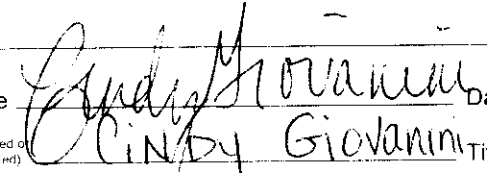


No. C 125491 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than September 30, 2004 Annual Report Form 1. Mailing Address - Correct in this box, if applicable DENTURE CLINIC, INC. CINDY GIOVANINI 329 S WOODRUFF AVE IDAHO FALLS, ID 83401	2. Registered Agent and Office NO PO BOX CINDY GIOVANINI 465 MAY ST IDAHO FALLS, ID 83401 3. <u>New</u> Registered Agent Signature
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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>
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  (Typed or Printed) Name Cindy Giovanini Date <u>9/28/04</u> Title <u>Secy.</u>
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