

No. C 161011

Due no later than June 30, 2006

## Annual Report Form

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

MAGIC VALLEY FAMILY DENTAL, PC

~~995 RIVER RD~~~~GRACE, ID 83244~~115 W 100S  
Rupert, ID

83350

## 2. Registered Agent and Office NO PO BOX

NEAL JOHNSON  
115 WEST 100 SOUTH  
RUPERT, ID 83350

## 3. New Registered Agent Signature

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080NO 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
President	NEAL JOHNSON	115 W 100S	Rupert	ID	83350
Secretary	LAUNI JOHNSON	115 W 100S	Rupert	ID	83350

## 5. Organized Under the Laws of:

IDAHO  
C 161011

6.

Signature

Name (Typed or Printed)

NEAL JOHNSON

Date

4/24/06

Title

PRESIDENT

Issued 04/03/2006

Do Not Tape or Staple

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