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| No. C 161011 | Due no later than June 30, 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 FAMILY DENTAL, PC 995 RIVER RD ORANGE, ID 83241 115 W 100 S Rupert, ID 83350 | NEAL JOHNSON 115 WEST 100 SOUTH RUPERT, ID 83350 | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | 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 |
| President | Neal Johnson | 115 W 100 S | Rupert | ID 83350 |
| Secretary | Leoni Johnson | 115 W 100 S | Rupert | ID 83350 |
| 5. Organized Under the Laws of: | | 6. Signature _____ | | |
| IDAHO C 161011 | | Signature <u>Neal Johnson</u> Name <u>NEAL JOHNSON</u> | | |
| Issued 04/03/2006 | | Date <u>4/24/06</u> Title <u>PRESIDENT</u> | | |
| Do Not Tape or Staple | | | | |
| 200606002897 | | | | |