

No. C113282	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		JOHN SANDER 253 FIFTH AVE N TWIN FALLS ID 83301																			
	MAGIC VALLEY DENTURE CENTER, JOHN SANDER 253 FIFTH AVE N		3. Organized Under the Laws of: ID C113282																			
	TWIN FALLS ID 83301																					
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																						
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>John Sander</td> <td>253 5th AVE. N.</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary/Treasurer</td> <td>Jonathan Sander</td> <td>253 5th AVE. N.</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	John Sander	253 5th AVE. N.	Twin Falls	ID	83301	Secretary/Treasurer	Jonathan Sander	253 5th AVE. N.	Twin Falls	ID	83301
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5. Signature of New Registered Agent		6. <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td></td> </tr> <tr> <td>Name</td> <td>John Sander</td> <td>Title</td> <td>President</td> </tr> </table>			Signature		Date		Name	John Sander	Title	President										
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ISSUED: 07-03-1999

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