

No. **C 47146**

**Due no later than March 31, 2005
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

JOHN G. BRANZ, D.D.S., CHARTERED
JOHN G BRANZ DDS
P. O. BOX 558
WALLACE, ID 83873

JOHN G. BRANZ
411 THIRD STREET
WALLACE, ID 83873

3. New Registered Agent Signature

**NO 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	JOHN G. BRANZ, DDS.	BX-558	WALLACE	ID	83873
Secretary	JOHN G. BRANZ, DDS	BX-558	WALLACE	ID	83873

5. Organized Under the Laws of:

IDAHO
C 47146

6.

Signature

John G. Branz, DDS.

Date

1/12/05

Name

(Type or Printed)

JOHN G. BRANZ, DDS.

Title

DDS.