No. C 83652		The second secon
No. C 83652 Return to:	Due no later than April 30, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	1. Mailing Address - Correct in this box, if applicable COEUR D'ALENE DENTURE CLINIC, INC.	CARLA (JESS) WOLFRUM- 1119 N. 4TH STREET COEUR D'ALENE, ID 83814
BOISE, ID 83720-0080	1119 N. 4TH STREET COEUR D'ALENE, ID 83814	JACQUELINE NEW
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
<ol> <li>Corporations: Enter Nam</li> </ol>	es and Business Addresses of President, Secre	etary and Directors
Office neig Name	Street or P.O. Address	City State Zip
SECT TREAS KIMBERLE	NENEFF 1119 N 4TH ST COENE SEKENT 1119 N 4TH ST COENE	20 ALENE 10 83814 20 ALENE 10 83814
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5. Organized Under the Laws of:	6.	7
IDAHO C 83652	Signature (Typed or Color O)	Date 3-20-06
Issued 02/02/2006	Name Printed ASSUSTINE NE	FF Title KESI DENT