

No. C 51258	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		NICHOLAS D. MOORE 1675 HILL ROAD BOISE ID 83702													
	MOORE DENTAL LABORATORY, INC NICHOLAS D. MOORE 1025 ALDAPE COVE BOISE ID 83712		3. Organized Under the Laws of: ID C 51258													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" data-bbox="16 361 1453 680"> <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><i>President</i></td> <td><i>Nicholas D. Moore</i></td> <td><i>1025 Aldape</i></td> <td><i>Boise</i></td> <td><i>Idaho</i></td> <td><i>83712</i></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	<i>President</i>	<i>Nicholas D. Moore</i>	<i>1025 Aldape</i>	<i>Boise</i>	<i>Idaho</i>	<i>83712</i>
Office held	Name	Street or P.O. Address	City	State	Zip											
<i>President</i>	<i>Nicholas D. Moore</i>	<i>1025 Aldape</i>	<i>Boise</i>	<i>Idaho</i>	<i>83712</i>											
5. Signature of New Registered Agent		6. <table border="1" data-bbox="520 723 1453 840"> <tr> <td>Signature <i>Nicholas D. Moore</i></td> <td>Date <i>10/14/99</i></td> </tr> <tr> <td>Name (Typed or Printed) NICHOLAS MOORE</td> <td>Title</td> </tr> </table>			Signature <i>Nicholas D. Moore</i>	Date <i>10/14/99</i>	Name (Typed or Printed) NICHOLAS MOORE	Title								
Signature <i>Nicholas D. Moore</i>	Date <i>10/14/99</i>															
Name (Typed or Printed) NICHOLAS MOORE	Title															

ISSUED: 07-03-1999

25899