		IONS ON REVERSE SIDE	ISSUED: (90
No. 80417	Idaho Corporation Annual Report Form Due No Later Than November 1, 1990		2. Registered Agent and Office DAVID K. BUTLER		
Return To					
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Plea	1. Mailing Address — Please Correct		506 N. LATAH	
	BOISE DENTAL LABORATORY, INC. DAVID K. BUTLER		801SE ID 8370 3. Incorporated Under The Laws		83706
	506 N. LATAH	506 N. LATAH		of ID	
NO FEE REQUIRED	BOISE	ID 83706	NO: 080417		
4. Names and Addresses of Offi	cers and Directors	· · · · · · · · · · · · · · · · · · ·			
	<u>Name</u>	Street or P.O. Address	<u>City</u>	<u>State</u>	<u>Zip</u>
	vid K. Butler rginia L. Butler	3506 Tulara DR.	Boise Boise	ID ID	83706 83706
5. Nature of Business	6. I certify that true, correct	this Annual Report has been exa	mined by me and is to th	e best of my	knowledge
Dental Prosthetic	Signature Signature	Jania K. Bul	ler Date	7-12-9	2
	Name (Typed or Printed)	<u>a</u> vid K. Butler	Title President		

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