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|---|--|---|--|--|
| No. 69270   | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, 1988                      |   | 2. Registered Agent and Office   |  |
| Return To<br><br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>Boise, ID 83720</b><br>RECEIVED<br>SEC. OF STATE<br><br>88 AUG 12 AM 8 47   | 1. Mailing Address — Please Correct 69270  |   | ELDON C. POISEL<br>1801 NORTH 3RD<br>COEUR D'ALENE, IDAHO<br>83814<br>ENTERED<br>AUG 12 1988 |  |
|   | KOOTENAI DENTAL LABORATORY INCOR<br>ELDON C. POISEL<br>1801 NORTH 3RD<br>COEUR D'ALENE, IDAHO<br>83814 |   |  |  |
| 4. Names and Addresses of Officers and Directors  |  |   | 3. Incorporated Under The Laws of<br><br>STATE OF IDAHO                                      |  |
| President:<br>Secretary:<br>Directors:  | <u>Name</u><br><i>Eldon Poisel</i><br><i>Virginia Poisel</i><br><i>None</i>                            | <u>Street or P.O. Address</u><br><i>W 7250 Clematis Rd.</i><br><i>W 7250 Clematis Rd.</i> | <u>City</u><br><i>CPA</i><br><i>CPA</i>  | <u>State</u><br><u>Zip</u><br><i>Id.</i> <i>83814</i><br><i>Id.</i> <i>83814</i> |
|   | 5. Nature of Business<br><i>Dental Lab.</i>  |   |  |  |
| 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br>Signature <i>Eldon Poisel</i> Date <i>8/1/88</i><br>Name (Typed or Printed) Title <i>President</i> |  |   |  |  |