

No. C 51258

Annual Report Form
Due No Later Than November 30, 1996

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080
NO FEE REQUIRED

1. Mailing Address - Please Correct, if Not Correct
MOORE DENTAL LABORATORY, INC
NICHOLAS D. MOORE
1675 HILL RD, SUITE 2C
BOISE ID 83702

2. Registered Agent and Office **NOT A P.O. BOX**
NICHOLAS D. MOORE
1675 HILL ROAD
BOISE ID 83702

* **FIRST NOTICE** *

3. Organized Under the Laws of:
ID C 51258

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of **Managers** or **Members** (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Nicholas Moore	1675 Hill Rd	Boise	Idaho	83702

5. **NATURE OF BUSINESS**
DENTAL LAB
ISSUED: 07-06-1996

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.
Signature Nicholas D Moore Date 9-16-96
Name (Typed or Printed) Nicholas D Moore Title Owner

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