

No. C 51258

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

Annual Report Form

Due No Later Than November 30, 1996

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

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)

Office held

Name

Street or P.O. Address

City

State

Zip

President

Nicholas Moore

1675 Hill Rd

Boise

Idaho

83702

5. NATURE OF BUSINESS

DENTAL LAB

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

ISSUED: 07-06-1996

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