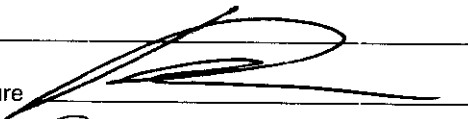


No. C 109963	Due no later than March 31, 2006		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		ROBERT W STEUSLOFF													
	1. Mailing Address - Correct in this box, if applicable QUALITY DENTAL LABORATORY, INC. 329 N WILLIAM ST POST FALLS, ID 83854		329 N WILLIAM ST POST FALLS, ID 83854 3. New Registered Agent Signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>President Robert W. Steusloff</td> <td>329 N. William Street</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		President Robert W. Steusloff	329 N. William Street	Post Falls	ID	83854
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
	President Robert W. Steusloff	329 N. William Street	Post Falls	ID	83854											
5. Organized Under the Laws of: IDAHO C 109963	6. Signature  Date <u>1/9/2006</u> Name (Typed or Printed) <u>Robert W. Steusloff</u> Title <u>Owner/President</u>															

Issued 01/04/2006

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