

Annual Report Form

Due No Later Than November 30,

1990

Return to:

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

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

HARMEL DENTAL LABORATORY, IN
MICHAEL HARMEL
3852 KINGSWOOD DR

BOISE

ID 83704

2. Registered Agent and Office NOT A P.O. BOX

MICHAEL HARMEL
3852 KINGSWOOD DR

BOISE ID 83704

3. Organized Under the Laws of:

ID C113002

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

Office heldNameStreet or P.O. AddressCityStateZip

President Michael Harmel 7911 Westick Road Boise Ida 83704
DeTres Marcia Harmel 7911 Westick Road Suite 202 Boise Ida 83704
Suite 202

5. Signature of New Registered Agent

6.

Signature

Name (Typed or Printed)

Marcia Harmel Date 8-6-98
MARCIA HARMEL Title Ac Tres

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

21494