| No. C 161691 | Due no later than July 31, 2008<br>**Annual Report Form** | 2. Registered Agent and Office NO PO BOX |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 NORTH FOURTH STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | 1. Mailing Address - Correct in this box, if applicable<br>MCCLURE DENTAL LAB INC.<br>9460 FRANKLIN RD<br>BOISE, ID 83709 | MICHAEL MCCLURE<br>9460 FRANKLIN RD<br>BOISE, ID 83709<br><br>3. New Registered Agent Signature |

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

| Office held | Name | Street or P.O. Address | City | State | Zip |
|---|---|---|---|---|---|
| President | Sheila D. McClure | 9460 Franklin Rd. | Boise | ID | 83709 |
| Vice President | Michael L. McClure | 9460 Franklin Rd. | Boise | ID | 83709 |

| 5. Organized Under the Laws of: | 6. |
|---|---|
| IDAHO<br>C 161691 | Signature Sheila D. McClure Date 6/23/08<br>Name (Typed or Printed) Sheila D. McClure Title President |

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