

No. C 93203	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX GERALD R. NORTON P.O. BOX 373 201 S. 8TH ST. MARIES ID 83861
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 NORTON DENTAL LAB, INC. GERALD R. NORTON P.O. BOX 373 201 S. 8TH ST. MARIES ID 83861		3. Organized Under the Laws of: ID C 93203
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
<u>Pres.</u>	<u>GERALD R. NORTON</u>	<u>1190 ELM</u>	<u>ST. MARIES ID 83861</u>
<u>Secretary</u>	<u>MERELEE A. NORTON</u>	<u>1190 ELM</u>	<u>" "</u>
<u>Directors</u>	<u>SAME</u>	<u>" "</u>	<u>" "</u>
5. Signature of New Registered Agent		6.	
		Signature <u><i>Merelee A. Norton</i></u> Date <u>11/12/99</u>	
		Name (Typed or Printed) <u>MERELEE A. NORTON</u> Title <u>SECRETARY</u>	

ISSUED: 07-03-1999

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