

No. C 138795	Due no later than April 30, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX ED REAMES 413 S BRET RD COEUR D ALENE, ID 83814
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address. Correct in this box if applicable: SWISS DENTAL LAB INC. ED REAMES 413 S BRET RD COEUR D ALENE, ID 83814	3. <u>New</u> Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	PKES Ed Reames	P.O. Box 1812	Post Falls	ID.	83877
	U.P. Judith Reames	P.O. Box 1812	ID.		83877

5. Organized Under the Laws of: IDAHO C 138795	6. Signature <u>J. Judith Reames</u> Date <u>4/14/04</u> Name <small>(Typed or Printed)</small> <u>Judith Reames</u> Title <u>V.P.</u>
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