

No. C 93203

Annual Report Form

Due No Later Than November 30,

1997

Return to:

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

NO FEE REQUIRED

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

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

GERALD R. NORTON
P.O. BOX 373201 S. 8TH
ST. MARIES ID 83861

3. Organized Under the Laws of:

ID C 93203

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

Office held

Name

Street or P.O. Address

City

State

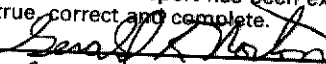
Zip

Office held	Name	Street or P.O. Address	City	State	Zip
Pres.	GERALD R. NORTON	P.O. Box 373, 1190 ELM	ST. MARIES	ID	83861
Secretary	MERELEE A. NORTON	P.O. Box 373, 1190 ELM	ST. MARIES	ID	83861
Directors	GERALD R. & MERELEE A. NORTON	P.O. Box 373, 1190 ELM	ST. MARIES	ID	83861

5.

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature



Date 11/7/97

Name (Typed or Printed)

GERALD R. NORTON

Title

Pres

ISSUED: 10-04-1997

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