

No. C 89131

Due no later than April 30, 2006  
Annual Report Form

Return to:

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

1. Mailing Address - Correct in this box, if applicable

IDA-WA DENTAL LAB, INCORPORATED  
FREDERICK T SMOLE  
PO BOX 398  
NEW MEADOWS, ID 83654

2. Registered Agent and Office NO PO BOX

FREDERICK T SMOLE  
3630 HUBBARD LN  
NEW MEADOWS, ID 83654NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

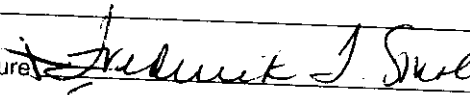
Office held	Name	Street or P.O. Address	City	State	Zip
PRES.	FREDERICK T. SMOLE	P.O. Box 398	NEW MEADOWS	ID	83654
SEC.	BARBARA F. SMOLE	P.O. Box 398	NEW MEADOWS	ID	83654
U. PRES.	FREDERICK T. SMOLE	P.O. Box 398	NEW MEADOWS	ID	83654
TREAS.	BARBARA F. SMOLE	P.O. Box 398	NEW MEADOWS	ID	83654

5. Organized Under the Laws of:

IDAHO  
C 89131

6.

Signature



Date

3-6-04

Name

(Typed or Printed)

FREDERICK T. SMOLE

Title

OWNER/PRES.

Issued 02/02/2006

Do Not Tape or Staple

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