

INSTRUCTIONS ON REVERSE SIDE

No. 96589

Idaho Corporation Annual Report Form

Due No Later Than November 1,

1993

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address: *(Type or Print Name and Address)*

DENTAL PRODUCTS LIMITED, INC.

AMBROSE B. VAN HANDEL

XXXXXXXXXX

Star Rte., Box 19-A

HAMMETT

ID 83627

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

AMBROSE B VAN HANDEL

XXXXXXXXXXXX

Star Rte., Box 19-A

HAMMETT

ID 83627

3. Incorporated Under The Laws

of ID

NO: 96589

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

	Name	Street or P.O. Address	City	State	Zip
President:	AMBROSE B. VAN HANDEL	C Star Rte., Box 19-A	HAMMETT,	ID	83627
Secretary:	PHYLLIS K. VAN HANDEL	Star Rte., Box 19-A	HAMMETT,	ID	83627
Directors:					

5. Nature of Business

Formulation and manu-
facture of dental
materials

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

Name

(Typed or Printed)

AMBROSE B. VAN HANDEL

Date

Title

7/16/93

PRESIDENT