

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-01-1993

No. 94902

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: Please Complete If Not Current

SCARISBRICK LABORATORIES, INC.
NED W SCARISBRICK
819 S WILD PHLOX PLACE

BOISE ID 83709

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

NED W SCARISBRICK
819 S WILD PHLOX PLACE

BOISE ID 83709

3. Incorporated Under The Laws

of ID

NO: 94902

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

Name

Street or P.O. Address

City

State

Zip

President: NED W. SCARISBRICK 819 S. WILD PHLOX PL.

Secretary: MARSHA A. SCARISBRICK SAME

Directors:

BOISE

ID 83709

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5. Nature of Business

DENTAL
LABORATORY

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)

NED W. SCARISBRICK

Date

Title

7/14/93

PRESIDENT