No. <b>C 161691</b>		Due no later than Jul 31, 2010		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		200 0000000 0000000 000000	MICHAEL MCCLURE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		1. Mailing Address: Correct in this box if needed.  MCCLURE DENTAL LAB INC.  SHEILA D. MCCLURE  9460 FRANKLIN RD  BOISE ID 83709  USA  Dess Addresses of President, Secretary, and Directors. Treasurer		BOISE ID	9460 FRANKLIN RD BOISE ID 83709  3. New Registered Agent Signature:*			
				asurer (ontional)				
Office Held	Name	icss Addi csses of	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	SHEILA D. 1	MCCLURE	9460 FRANKLIN ROAD	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 161691		Signature: S		Date: 07/30/2010				
		Name (type		Title: President				
Processed 07/30/2010		* Electronically	provided signatures are accepted as origin	nal signatures.				