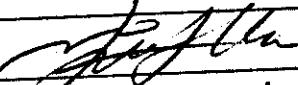


No. C 157103		Due no later than November 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box, if applicable FAMILY DENTAL LAB., INC. JOHN W CHON 1725 S RUSHMORE PL BOISE, ID 83709		JOHN W CHON 1725 S RUSHMORE PL BOISE, ID 83709		
NO 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 _____
<p><i>Same as above.</i></p> <p>president John chon 1725 S. Rushmore pl Boise ID 83709</p>						
5. Organized Under the Laws of: IDAHO C 157103		6. Signature _____ Name _____ (Typed or Printed)		 <i>John chon</i> Date 9-25-01 Title president.		

Do Not Tape or Staple

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