

No. C 117880		Due no later than January 31, 2005 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 DENTAL LAB SERVICES, INC. PO BOX 2075 HAYDEN, ID 83835 2075		JOHN T MITCHELL 101 IRONWOOD DR STE 218 COEUR D'ALENE, ID 83814		
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.						
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	
PRESIDENT	JOHNT. MITCHELL	P.O. BOX 2075	HAYDEN	ID	83835	
VICE-PRES SECRETARY	DOUG W. JONES	P. O. BOX 2075	HAYDEN	ID	83835	
5. Organized Under the Laws of: IDAHO C 117880		6. Signature _____ Date _____				
		Name <small>(Typed or Printed)</small>	JOHN T. MITCHELL		Title PRESIDENT	