

ISSUED: 07-11-1993

No. 89131

Idaho Corporation Annual Report Form

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

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

Due No Later Than November 1, 1993

1. Mailing Address: *Idaho Dental Lab, Incorporated*

IDA-WA DENTAL LAB, INCORPORATED
FREDERICK T. SMOLE
BOX 766

FREDERICK T. SMOLE
721 LICK CREEK ROAD

MCCALL ID 83638

* FIRST NOTICE *
NO FEE REQUIRED

MCCALL ID 83638

3. Incorporated Under The Laws

of ID

NO: 89131

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

| | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|------------|--------------------|-------------------------------|-------------|--------------|------------|
| President: | Frederick T. Smole | P.O. Box 766 | McCall | ID | 83638 |
| Secretary: | Barbara F. Smole | P.O. Box 766 | McCall | ID | 83638 |
| Directors: | Same | | | | |

5. Nature of Business

Dental Lab/Crown +
Bridge

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)

Barbara F. Smole
BARBARA F. SMOLE

Date

Title

7-21-93

Secretary