	Due no later than Aug 31, 2002	2. Registered Agent and Office NO PO BOX
No. W 12815	Annual Report Form	JOHN V BARNES
Return to:	Mailing Address - Correct in this box, if applicable	305 EAST 5TH N STE B
SECRETARY OF STATE 700 WEST JEFFERSON	HIGH COUNTRY DENTAL LAB LLC	ST. ANTHONY, ID 83445
PO BOX 83720	JOHN V BARNES	ST. ANTHONY, ID 00440
BOISE, ID 83720-0080	305 EAST 5TH N STE B	3. New Registered Agent Signature
	ST. ANTHONY, ID 83445	
NO FILING FEE IF		
RECEIVED BY DUE DATE	nies: Enter Names and Addresses of Managers.	
		City State Zip
Office held Name	3 - 1 - 2 (1) 12 N	Authory, ID 83445
Manager John VI	Sames and with the	1 Hours IN 83445
i () and a	Street or P.O. Address Barnes Leale WISTN St.	city state Zip 1. Authory, ID 83445 Anthony, ID 83445
Member Heart	04.2	
I		
		1
5. Organized Under the Laws of:	6.	Date 8-7-02
	Signature 1000	Date
IDAHO	4	rnes Title Manager
W 12815	Name (Typed or Yohn V. 50)	
	Do Not Tape or Staple	1816
Issued 06/03/2002	DO Mot Tabe of Otabio	