INSTRUCTIONS ON REVERSE SIDE

ISSUED JULY 1, 1989

No. 51433

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1989

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

RECEIVED
NO FEE REQUIRED
89 JUL 21 AM 10 05

1. Mailing Address — *Please Correct* 51433

EASTSIDE CROWN & BRIDGE DENTAL L
E. UDELL HEDSTROM
1246 YELLOWSTONE, B#2

POCATELLO ID 83201

2. Registered Agent and Office

E. UDELL HEDSTROM
1246 YELLOWSTONE BLDG., B-1

POCATELLO ID 83201

3. Incorporated Under The Laws of IDAHO

NO: 51433

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	E. UDELL HEDSTROM	3202 HEDSTROM LANE	AMERICAN FALLS	IDA.	83211
Secretary:	JOAN CROWDER	218 SOUTH 17TH	POCATELLO	IDA.	83201
Directors:	SUSAN L. HEDSTROM	3202 HEDSTROM LANE	AMERICAN FALLS	IDA.	83211

5. Nature of Business

DENTAL LABORATORY

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 Susan L. Hedstrom Date JULY 19, 1989

Name (Typed or Printed) SUSAN L. HEDSTROM Title VICE-PRESIDENT