

No. C 142348	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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable FILLMORE DENTAL LAB, INC. 2311 PARK AVE STE 4 BURLEY, ID 83318 0496		MARK W FILLMORE 2311 PARK AVE STE 4 BURLEY, ID 83318 0496 3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>DIR. & PRES.</td> <td>MARK FILLMORE</td> <td>2311 PARK AVE #4</td> <td>BURLEY</td> <td>ID.</td> <td>83318</td> </tr> <tr> <td>DIR & V.P.</td> <td>TREASURER LEANN FILLMORE</td> <td>2311 PARK AVE #4</td> <td>BURLEY</td> <td>ID.</td> <td>83318</td> </tr> <tr> <td>SEC.</td> <td>LYNN JENSEN</td> <td>2311 PARK AVE #4</td> <td>BURLEY</td> <td>ID.</td> <td>83318</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	DIR. & PRES.	MARK FILLMORE	2311 PARK AVE #4	BURLEY	ID.	83318	DIR & V.P.	TREASURER LEANN FILLMORE	2311 PARK AVE #4	BURLEY	ID.	83318	SEC.	LYNN JENSEN	2311 PARK AVE #4	BURLEY	ID.	83318
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5. Organized Under the Laws of: IDAHO C 142348	6. Signature <u>Lynn E. Jensen</u> Date <u>JAN. 10, 2005</u> Name (Typed or Printed) <u>LYNN E. JENSEN</u> Title <u>SEC</u>																										