

INSTRUCTIONS ON REVERSE SIDE

No. 85341	Idaho Corporation Annual Report Form Due No Later Than November 1, 1993 1994		2. Registered Agent and Office DAR COGSWELL 102 SUPERIOR ST SANDPOINT ID 83864																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 FORFEITED 12/1/92 REINSTATEMENT FEE \$30	1. Mailing Address — Please Correct AMERICAN DENTAL HYGIENICS, INC. LUKINS & ANNYS 1600 WASH. TRUST FINANCIAL CTN SPOKANE WA 99201 P.O. Box 1669 Sandpoint, ID 83864		3. Incorporated Under The Laws of WASHINGTON																								
	4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></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>President:</td> <td>John Snedden, DDS</td> <td>P.O. Box 1827</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> </tr> <tr> <td>Secretary:</td> <td>Mary Snedden</td> <td>P.O. Box 1827</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	John Snedden, DDS	P.O. Box 1827	Sandpoint	ID	83864	Secretary:	Mary Snedden	P.O. Box 1827	Sandpoint	ID	83864	Directors:				
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Directors:																											
5. Nature of Business manufacturing	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>9/22/94</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>John Snedden, DDS</td> <td>Title</td> <td>Pres.</td> </tr> </table>				Signature		Date	9/22/94	Name (Typed or Printed)	John Snedden, DDS	Title	Pres.															
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