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APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

To the Secretary of State of Idaho
PO Box 83720
Boise, ID 83720-0080

AUG 1 3 40 PM '98



SECRETARY OF STATE
STATE OF IDAHO

The undersigned partnership hereby applies for registration as a Limited Liability Partnership, and submits the following information pursuant to section 53-343A, I.C.

1. The name of the partnership is DECK LABS, L.L.P.

2. It's principal office is located at 7373 Emerald, Boise, Idaho 83704

3. It's registered office in Idaho is located at 7373 Emerald, Boise, Idaho 83704

_____, and the name of the registered agent at that address is Dr. Glen A. Smith

4. The partnership is organized in the state of Idaho

5. The nature of it's business is to deal in dental and orthodontic supplies

6. The name(s) and address(es) of at least one partner:

Name	Address
<u>Smith Family Trust</u>	<u>7373 Emerald Boise, Idaho 83704</u>
_____	_____
_____	_____

7. Other matters (optional):

8. Signature(s) of at least one partner listed in item 6.

SMITH FAMILY TRUST
By *Glen A. Smith*
Dr. Glen A. Smith, Trustee
File in duplicate

Secretary of State use only
IDAHO SECRETARY OF STATE
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