

No. C 69270

## Annual Report Form

Due No Later Than November 30,

1996

2. Registered Agent and Office NOT A P.O. BOX

## Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

NO FEE REQUIRED

## 1. Mailing Address - Please Correct, If Not Correct

KOOTENAI DENTAL LABORATORY I  
ELDON C. POISEL  
129 POPLAR AVEELDON C. POISEL  
129 POPLAR AVENUE

COEUR D'ALEN ID 83814

3. Organized Under the Laws of:

\* FIRST NOTICE \*

COEUR D'ALENE ID 83814

ID C 69270

4. Corporations: Enter Names and Addresses of President, Secretary and Directors
- 
- Limited Liability Companies: Enter Names and Addresses of
- ☐
- Managers or
- ☐
- Members (check one)

## Office held

## Name

## Street or P.O. Address

## City

## State

## Zip

President

Eldon Poisel

W 7250 Clamets Rd.

CDA

ID

83814

Sect.

Virginia Poisel

W 7250 Clamets Rd.

CDA

ID

83814

## 5. NATURE OF BUSINESS

DENTAL LAB

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 Eldon PoiselDate 7/21/96

Name (Typed or Printed)

ELDON POISEL

Title

President

ISSUED: 07-06-1996

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