

Generated Annual Report

No. C 161691		Due no later than 7/31/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)																									
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MCCLURE DENTAL LAB INC. 9460 FRANKLIN RD BOISE ID 83709		MICHAEL MCCLURE 9460 FRANKLIN RD BOISE ID 83709																									
				3. New Registered Agent Signature:																									
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																													
<table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>President</td><td>Sheila D. McClure</td><td>9460 Franklin Rd.</td><td>Boise</td><td>ID</td><td>83709</td></tr><tr><td>Secretary</td><td>Sheila D. McClure</td><td>"</td><td>"</td><td>"</td><td>"</td></tr><tr><td>Vice President</td><td>Michael L. McClure</td><td>9460 Franklin Rd.</td><td>Boise</td><td>ID</td><td>83709</td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Zip	President	Sheila D. McClure	9460 Franklin Rd.	Boise	ID	83709	Secretary	Sheila D. McClure	"	"	"	"	Vice President	Michael L. McClure	9460 Franklin Rd.	Boise	ID	83709
Office Held	Name	Street or PO Address	City	State	Zip																								
President	Sheila D. McClure	9460 Franklin Rd.	Boise	ID	83709																								
Secretary	Sheila D. McClure	"	"	"	"																								
Vice President	Michael L. McClure	9460 Franklin Rd.	Boise	ID	83709																								
5. Organized Under the Laws of: ID C 161691		6. Annual Report must be signed. Signature: <u>Sheila D. McClure</u> Date: <u>9/24/09</u> Name (type or print): <u>Sheila D. McClure</u> Title: <u>President</u>																											