

No. C 142348

Due no later than January 31, 2007
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

1. Mailing Address - Correct in this box, if applicable

FILLMORE DENTAL LAB, INC.
2311 PARK AVE STE 4
BURLEY, IDMARK W FILLMORE
2311 PARK AVE STE 4
BURLEY, IDNO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
DIRECTOR & PRES.	MARK FILLMORE	2311 PARK AVE. STE #4	BURLEY	ID	83318
DIRECTOR, V. PRES					
& TREASURER	LEANN FILLMORE	2311 PARK AVE STE #4	BURLEY	ID	83318
SECRETARY	LYNN E. JENSEN	2311 PARK AVE. #4	BURLEY	ID	83318

5. Organized Under the Laws of:

IDAHO
C 142348

6.

Signature



Date

1/1/07

Name (Typed or Printed)

LYNN E. JENSEN

Title

SECRETARY