

No. 89131	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1990	FREDERICK T. SMOLE 721 LICK CREEK ROAD
	1. Mailing Address — Please Correct	
	IDA-WA DENTAL LAB, INCORPOR FREDERICK T. SMOLE BOX 766 MCCALL ID 83638	MCCALL ID 83638 3. Incorporated Under The Laws of ID NO: 089131

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Frederick T. Smole	P.O. Box 766	McCall	Idaho	83638
Secretary:	Barbara F. Smole	P.O. Box 766	McCall	Idaho	83638
Directors:	Same				

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

Name (Typed or Printed)

 Frederick T. Smole
 Frederick T. Smole

Date

Title

7-16-90

Owner/Pres.