NO. C 89131

Annual Report Form

Due No Later Than November 30, 1997

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

NO FEE REQUIRED

** FINAL NOTICE **

1. Mailing Address - Please Correct, If Not Correct

IDA-WA DENTAL LAB, INCORPORA
FREDERICK T. SMOLE
~~BOX 766~~ Box 398
~~MCCALL~~ New Meadows ID ~~83638~~ 83654

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

FREDERICK T. SMOLE
~~721 LICK CREEK ROAD~~
3000 45th parallel Rd
~~MCCALL~~ New Meadows ID ~~83638~~ 83654

3. Organized Under the Laws of:

ID C 89131

4. Corporations: Enter Names and Business 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	Fred T. Smole	P.O. Box 398	New Meadows	ID	83654
Vice Pres.	Barbara Smole	P.O. Box 398	New Meadows	ID	83654
Sec.	Barbara Smole (~~Lonnie Hendricks~~	"	" ~~McCall~~	ID.	83654
Treasurer	~~Derrie Hendricks~~ Fred T. Smole	"	" ~~McCall~~	ID	83654

5.

6.
Signature Barbara Smole Date 12/10/97
Name (Typed or Printed) BARBARA SMOLE Title Vice President

ISSUED: 10-04-1997

DO NOT TAPE OR STAPLE

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