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| No. C 109963 | Due no later than March 31, 2004 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 QUALITY DENTAL LABORATORY, INC. 329 N WILLIAM ST POST FALLS, ID 83854 | ROBERT W STEUSLOFF 329 N WILLIAM ST POST FALLS, ID 83854 |
| NO FILING FEE IF RECEIVED BY DUE DATE | | 3. New Registered Agent Signature |

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

| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|---------------------|-------------------------------|-------------|--------------|------------|
| President | Robert W. Steusloff | 329 N. William St | Post Falls | ID | 83854 |

5. Organized Under the Laws of:

IDAHO
C 109963

6.

Signature
Name
(Typed or
Printed)

Rob Steusloff

Date

1/12/04

Title

Owner