

No. C108894	Annual Report Form <i>Due No Later Than November 30,</i> 1996	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct NORTHWEST DENTAL SUPPLY COMP JOHN E TEETS 590 CLEARWATER LOOP STE C	JANET D ROBNETT 816 SHERMAN AVE COEUR D'ALEN ID 83814
3. Organized Under the Laws of:		ID C108894
* FIRST NOTICE * POST FALLS ID 83854		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
PRESIDENT	J. NICK TEETS	590 CLEARWATER #C
SECRETARY	JOHN E. TEETS	" "
DIRECTORS	SAME AS ABOVE	" "
<u>City -</u>	<u>State</u>	<u>Zip</u>
POST FALLS	ID	83854
" "	" "	" "
5. NATURE OF BUSINESS <i>Dist. of Dental Prod.</i> ANY LAWFUL		
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 <i>J. Nick Teets</i>	Date 7-15-96	
Name (Typed or Printed) J. NICK TEETS	Title PRESIDENT	

ISSUED: 07-06-1995

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