

No. C 160124		Due no later than Apr 30, 2015 Annual Report Form		2. Registered Agent and Address (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 needed. EAMES DENTAL LAB, INC. KARL A EAMES PO BOX 494 BURLEY ID 83318 USA		KARL A EAMES 1743 OVERLAND AVE BURLEY 83318			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	KARL A EAMES	1743 OVERLAND AVE PO BOX 494	BURLEY	ID	USA	83318	
5. Organized Under the Laws of: ID C 160124		6. Annual Report must be signed.* Signature: Karl A Eames Name (type or print): Karl A Eames					
		Date: 02/14/2015 Title: President					
Processed 02/14/2015 * Electronically provided signatures are accepted as original signatures.							