

No. <b>W 55684</b>		<b>Due no later than Oct 31, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		COLINE HUFF 3157 S BOWN WY STE 200 BOISE ID 83706			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		ROCKY MOUNTAIN DENTAL LAB, LLC COLINE L HUFF PO BOX 9123 BOISE ID 83707					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	COLINE L HUFF	3157 S BOWN WY STE 200	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 55684</b>		Signature: Coline Huff			Date: 08/23/2013		
		Name (type or print): Coline Huff			Title: Managing Member		
Processed 08/23/2013		* Electronically provided signatures are accepted as original signatures.					