No. C 180496 Return to:		Due no later than Oct 31, 2014 Annual Report Form		Registered Agent and Address (NO PO BOX) MELANIE CRIST				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CRIST DENTAL LAB, INC. MELANIE CRIST PO BOX 678 TWIN FALLS ID 83303		1632 ADDISON AVE E TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nar	mes and Busin	ess Addresses of I	President, Secretary, and Directors. Trea	asurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT SECRETARY	DAVID L CRIST MELANIE A CRIST		PO BOX 678 PO BOX 678		TWIN FALLS TWIN FALLS	ID ID	USA USA	83303 83303
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 180496		Signature: Melanie Crist		Date: 09/17/2014				
		Name (type or print): Melanie Crist			Title: Secretary			
Processed 09/17/2014		* Electronically provided signatures are accepted as original signatures.						