No. W 76772		Due no later than Aug 31, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ELKINS DENTAL LAB LLC RUSSELL ELKINS 273 W SPICEWOOD DR MERIDIAN ID 83646		273 W SPICE MERIDIAN II	RUSSELL ELKINS 273 W SPICEWOOD DR MERIDIAN ID 83646 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		mes and Addresses of at least one Member or Manager.						
Office Held	Name	ines and Address	Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER	R JAMMIE M ELKINS		273 W SPICEWOOD DRIVE 273 W SPICEWOOD DRIVE	MERIDIAN MERIDIAN	ID ID	USA USA	83646 83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 76772		Signature: Jammie Elkins			Date: 06/22/2015			
		Name (type or print): Jammie Elkins			Title: Owner			
Processed 06/22/2015		* Electronically p	rovided signatures are accepted as original	signatures.				