

No. C 117880		Due no later than Jan 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. DENTAL LAB SERVICES, INC. JOHN MITCHELL 3895 N SCHREIBER WAY STE 800 COEUR D'ALENE ID 83815		JOHN T MITCHELL 3895 N SCHREIBER WAY SUITE 800 COEUR D'ALENE ID 83815			
				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	JOHN MITCHELL	3895 N SCHREIBER WAY SUITE 800	COEUR D'ALENE	ID	USA	83815	
SECRETARY	ARLENE MITCHELL	3895 N SCHREIBER WAY SUITE 800	COEUR D'ALENE	ID	USA	83815	
5. Organized Under the Laws of: ID C 117880		6. Annual Report must be signed.* Signature: Arlene Mitchell Name (type or print): Arlene Mitchell Date: 11/28/2016 Title: Secretary					
Processed 11/28/2016		* Electronically provided signatures are accepted as original signatures.					