

No. <b>C 89131</b>		<b>Due no later than Apr 30, 2016</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>1. Mailing Address: Correct in this box if needed.</b>  IDA-WA DENTAL LAB, INCORPORATED FREDERICK T SMOLE PO BOX 398 NEW MEADOWS ID 83654-0398		FREDERICK T SMOLE 3630 HUBBARD LN NEW MEADOWS ID 83654-0398			
				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	FREDERICK T SMOLE	P.O. BOX 398	NEW MEADOWS	ID	USA	83654-0398	
TREASURER	FREDERICK T SMOLE	P.O. BOX 398	NEW MEADOWS	ID	USA	83654-0398	
SECRETARY	BARBARA F SMOLE	P.O. BOX 398	NEW MEADOWS	ID	USA	83654-0398	
5. Organized Under the Laws of:  <b>ID C 89131</b>		6. Annual Report must be signed.* Signature: Barbara F. Smole Name (type or print): Barbara F. Smole					
Date: 02/22/2016 Title: Secretary							
Processed 02/22/2016		* Electronically provided signatures are accepted as original signatures.					