

No. W 89048		Due no later than Dec 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MCCLURE DENTAL LAB DESIGN, LLC MARK JARED MCCLURE 280 E CORPORATE DR. SUITE 230 MERIDIAN ID 83642		MARK MCCLURE 10161 W ARROWLEAF CT STAR ID 83669			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name ANDREW JACOB MCCLURE	Street or PO Address 1372 DARRAH DR.		City MERIDIAN	State ID	Country USA	Postal Code 83646
5. Organized Under the Laws of: ID W 89048		6. Annual Report must be signed.* Signature: Mark McClure Name (type or print): Mark McClure Date: 12/22/2016 Title: Member					
Processed 12/22/2016 * Electronically provided signatures are accepted as original signatures.							