No. C 180496		Due no later than Oct 31, 2010 2. Registered Agent and Address (NO PO B				
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. CRIST DENTAL LAB, INC. MELANIE CRIST PO BOX 678 TWIN FALLS ID 83303	MELANIE CRIST 1632 ADDISON AVE E TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		ness Addresses of President, Secretary, and Directors. Treasurer	(antional)			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	DAVID L CI		TWIN FALLS	ID	USA	83303
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Melanie Crist	Date: 08/24/2010			
C 180496		Name (type or print): Melanie Crist	Title: Secretary			
Processed 08/24/2010	* Electronically provided signatures are accepted as original signatures.					