

No. <b>C 93203</b>		Due no later than Aug 31, 2013		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> NORTON DENTAL LAB, INC. GERALD R. NORTON P.O. BOX 373 201 N. 8TH #6 ST. MARIES ID 83861		GERALD R. NORTON 201 N. 8TH #6 201 N. 8TH #6 ST. MARIES ID 83861		
				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
DIRECTOR	GERALD R. NORTON	P.O.BOX 373	ST. MARIES	ID	USA	83861
DIRECTOR	MERELEE A NORTON	P.O. BOX 373	ST. MARIES	ID	USA	83861
SECRETARY	MERELEE A NORTON	P.O. BOX 373	ST. MARIES	ID	USA	83861
PRESIDENT	GERALD R. NORTON	P.O. BOX 373	ST. MARIES	ID	USA	83861
5. Organized Under the Laws of:  <b>ID C 93203</b>		6. Annual Report must be signed.* Signature: Gerald r Norton Name (type or print): Gerald r Norton				
Processed 08/15/2013		Date: 08/15/2013 Title: Pres				
* Electronically provided signatures are accepted as original signatures.						