

No. W 21201		Due no later than Oct 31, 2018		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. NORTH END DENTAL LABORATORY LLC PAUL L LALIBERTE 1907 N 22ND ST BOISE ID 83702		PAUL LALIBERTE 1907 N 22ND ST BOISE ID 83702	
				3. <u>New</u> Registered Agent Signature: *	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	PAUL LALIBERTE	1907 N 22ND ST	BOISE	ID	83702
5. Organized Under the Laws of: ID W 21201		6. Annual Report must be signed.* Signature: Paul Laliberte Name (type or print): Paul Laliberte Date: 08/18/2018 Title: Owner, Manager			
Processed 08/18/2018		* Electronically provided signatures are accepted as original signatures.			