

|  |               |   |             |  |         |                  |  |
|--|---------------|---|-------------|--|---------|------------------|--|
| No. <b>W 12815</b>   |               | <b>Due no later than Aug 31, 2012</b>   |             | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br>HIGH COUNTRY DENTAL LAB LLC<br>JOHN V BARNES<br>4320 E 200 N<br>RIGBY ID 83442 |             | JOHN V BARNES<br>4320 E 200 N<br>RIGBY ID 83442    |         |                  |  |
|  |               |   |             | 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  | JOHN V BARNES | 626 WEST 1ST N  | ST. ANTHONY | ID   | USA     | 83445            |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*   |             |  |         |                  |  |
| <b>ID<br/>W 12815</b>  |               | Signature: John Barnes  |             |  |         | Date: 07/13/2012 |  |
|  |               | Name (type or print): John Barnes   |             |  |         | Title: Manager   |  |
| Processed 07/13/2012   |               | * Electronically provided signatures are accepted as original signatures.   |             |  |         |                  |  |