No. C 180496	Due no later than Oct 31, 2017	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)		
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	1632 ADDISO TWIN FALLS	MELANIE CRIST 1632 ADDISON AVE E TWIN FALLS ID 83301 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE					
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
PRESIDENT DAVID L C SECRETARY MELANIE A		TWIN FALLS TWIN FALLS	ID ID	USA USA	83303 83303
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Melanie Crist Date: 10/31/2017				
C 180496	Name (type or print): Melanie Crist Title: secretary		retary		
Processed 10/31/2017	* Electronically provided signatures are accepted as original signatures.				