

REINSTATEMENT

No. C 160124	Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	ADMIN DISSOLVED 07/06/2006 1. Mailing Address - Correct in this box, if applicable EAMES DENTAL LAB, INC. 1743 OVERLAND AVE PO Box 494 BURLEY, ID 83318	KARL A EAMES 1743 OVERLAND AVE BURLEY, ID 83318 3. <u>New</u> registered agent signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="0"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>President</td><td>Karl Eames</td><td>PO Box 494</td><td>Burley</td><td>ID</td><td>83318</td></tr></tbody></table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Karl Eames	PO Box 494	Burley	ID	83318
Office held	Name	Street or P.O. Address	City	State	Zip									
President	Karl Eames	PO Box 494	Burley	ID	83318									
5. Organized under the laws of: IDAHO C 160124	6. Signature <u>Karl A Eames</u> Date <u>3-10-09</u> Name (Typed or Printed) _____ Title _____													

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