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2/13/2013 8:41:08 AM PAGE 2/002 Fax Server

No. W 83100	Due no later than Apr 30, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ANDREW L BARRETT 1658 RAINIER DR POCA TELLO ID 83201																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ASPEN DENTAL LAB L.L.C. PO BOX 4987 POCA TELLO ID 83205		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Andrew L Barrett</td> <td>1658 Rainier Dr</td> <td>Pocatello</td> <td>ID</td> <td>USA</td> <td>83201</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Brady Thomas</td> <td>724 Norcrest</td> <td>Pocatello</td> <td>ID</td> <td>USA</td> <td>83201</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Andrew L Barrett	1658 Rainier Dr	Pocatello	ID	USA	83201	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Brady Thomas	724 Norcrest	Pocatello	ID	USA	83201	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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