

No. <b>W 76772</b>		<b>Due no later than Aug 31, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ELKINS DENTAL LAB LLC RUSSELL ELKINS 4 6TH ST NORTH NAMPA ID 83687		RUSSELL ELKINS 4 6TH STREET NORTH NAMPA ID 83687			
				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	JAMMIE M ELKINS	4 6TH STREET NORTH	NAMPA	ID	USA	83687	
MANAGER	RUSSELL IRA ELKINS	4 6TH STREET NORTH	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:  <b>ID W 76772</b>		6. Annual Report must be signed.* Signature: Jammie Elkins Name (type or print): Jammie Elkins Date: 07/10/2018 Title: Officer					
Processed 07/10/2018		* Electronically provided signatures are accepted as original signatures.					