

No. W 21201		Due no later than Oct 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NORTH END DENTAL LABORATORY LLC PAUL L LALIBERTE 1907 N 22ND ST BOISE ID 83702		PAUL LALIBERTE 1907 N 22ND ST BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name PAUL LALIBERTE	Street or PO Address 1907 N 22ND ST		City BOISE	State ID	Country	Postal Code 83702
5. Organized Under the Laws of: ID W 21201		6. Annual Report must be signed.* Signature: Paul Laliberte Name (type or print): Paul Laliberte Date: 09/02/2017 Title: Owner					
Processed 09/02/2017 * Electronically provided signatures are accepted as original signatures.							