

No. C 148616		Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011		2. Registered Agent and Office (NOT A P.O. BOX) GENNADY BABICHENKO 503 SW 5TH AVE MERIDIAN ID 83642	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. BABICHENKO DENTAL LAB, INC. 503 SW 5TH AVE MERIDIAN ID 83642		3. <u>New</u> Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
	Gennady Babichenko	503 sw 5th Ave	Meridian Id	83642	
5. Organized Under the Laws of:		6.			
IDAHO C 148616		Signature: 		Date: 7-17-11	
		Name (type or print): Gennady Babichenko		Title: President	
Issued 07/15/2011 by DK1					