

No. C 51433		Due no later than May 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. EASTSIDE CROWN & BRIDGE DENTAL LABORATORY INC. ERNEST UDELL HEDSTROM 1234 PERSHING PRESIDENT/MANAGER POCATELLO ID 83201		E UDELL HEDSTROM 1234 PERSHING PRESIDENT/MANAGER POCATELLO ID 83201			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	SUSAN L HEDSTROM	1234 PERSHING OFFICE MANAGER/SECRETARY	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID C 51433		6. Annual Report must be signed.* Signature: Susan L Hedstrom Name (type or print): Susan L Hedstrom Date: 04/07/2014 Title: Office Manager/Secretary					
Processed 04/07/2014		* Electronically provided signatures are accepted as original signatures.					