No. **C 89131**	**Due no later than Apr 30, 2015**	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.** IDA-WA DENTAL LAB, INCORPORATED FREDERICK T SMOLE PO BOX 398 NEW MEADOWS ID 83654-0398 USA	FREDERICK T SMOLE 3630 HUBBARD LN NEW MEADOWS 83654-0398 3. New 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
PRESIDENT	FREDERICK T SMOLE	P.O. BOX 398	NEW MEADOWS	ID	USA	83654-0398
TREASURER	FREDERICK T SMOLE	P.O. BOX 398	NEW MEADOWS	ID	USA	83654-0398
SECRETARY	BARBARA F SMOLE	P.O. BOX 398	NEW MEADOWS	ID	USA	83654-0398

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 89131**	Signature: Barbara F. Smole	Date: 02/20/2015
	Name (type or print): Barbara F. Smole	Title: Secretary

Processed 02/20/2015

* Electronically provided signatures are accepted as original signatures.