

No. <b>W 64967</b>		<b>Due no later than Jul 31, 2010</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>		MICHAEL PARK 1263 E MARGARET AVE COEUR D'ALENE ID 83815			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		PARK DENTAL LAB, LLC LORI PARK 1263 E MARGARET AVE COEUR D'ALENE ID 83815					
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	MICHAEL PARK	1263 E MARGARET AVE	COEUR D'ALENE	ID	USA	83815	
MANAGER	LORI PARK	1263 E MARGARET AVE	COEUR D'ALENE	ID	USA	83815	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 64967</b>		Signature: Lori C. Park			Date: 08/24/2010		
		Name (type or print): Lori C. Park			Title: Manager		
Processed 08/24/2010		* Electronically provided signatures are accepted as original signatures.					