

No. W 55684

Due no later than October 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ROCKY MOUNTAIN DENTAL LAB, LLC
COLINE L HUFF
3317 S LONGLEAF AVE
BOISE, ID 83716

COLINE L HUFF
3317 S LONGLEAF AVE
BOISE, ID 83716

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Coline Huff	3317 S. Longleaf Ave	Boise	ID	83716

5. Organized Under the Laws of:
IDAHO
W 55684

6.

Signature

Coline Huff

Date

8/31/08

Name (Typed or Printed)

COLINE HUFF

Title

MANAGER

Issued 08/06/2008

Do Not Tape or Staple

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