

No. W 64967		Due no later than Jul 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PARK DENTAL LAB, LLC LORI PARK 1263 E MARGARET AVE COEUR D'ALENE ID 83815		MICHAEL PARK 1263 E MARGARET AVE COEUR D'ALENE ID 83815			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
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: ID W 64967		6. Annual Report must be signed.* Signature: Lori C. Park Name (type or print): Lori C. Park					
		Date: 06/02/2014 Title: Manager					
Processed 06/02/2014 * Electronically provided signatures are accepted as original signatures.							