

No. C 69270		Due no later than Mar 31, 2012		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. KOOTENAI DENTAL LABORATORY INCORPORATED ELDON C. POISEL 129 POPLAR AVE COEUR D'ALENE ID 83814		ELDON C. POISEL 129 POPLAR AVENUE COEUR D'ALENE ID 83814	
				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
PRESIDENT	ELDON C POISEL	129 POPULAR AVENUE	COEUR D ALENE	ID	USA 83814
5. Organized Under the Laws of: ID C 69270		6. Annual Report must be signed.* Signature: Eldon Poisel Name (type or print): Eldon Poisel Date: 05/22/2012 Title: Owner			
Processed 05/22/2012		* Electronically provided signatures are accepted as original signatures.			