

No. W 21201	Due no later than October 31, 2006 Annual Report Form		2. Registered Agent and Office 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	1. Mailing Address - Correct in this box, if applicable NORTH END DENTAL LABORATORY LLC 1907 N 22ND ST BOISE, ID 83702		PAUL LALIBERTE 1907 N 22ND ST BOISE, ID 83702 3. New Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>OWNER</td> <td>PAUL LALIBERTE</td> <td>1907 N. 22ND ST</td> <td>BOISE</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	OWNER	PAUL LALIBERTE	1907 N. 22ND ST	BOISE	ID	83702
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
OWNER	PAUL LALIBERTE	1907 N. 22ND ST	BOISE	ID	83702											
5. Organized Under the Laws of: IDAHO W 21201		6. Signature <u>Paul Laliberte</u> Name <small>(Typed or Printed)</small> <u>PAUL LALIBERTE</u>			Date <u>8/10/06</u> Title <u>OWNER</u>											

Issued 08/01/2006

Do Not Tape or Staple

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