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| No. W 149032 | Due no later than Mar 31, 2017 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. | | DAVID ZEIEN 820 N SPOKANE STREET POST FALLS ID 83854 | | | |
| | KEY DENTAL LABS, PLLC KEY DENTAL LABS, PLLC 820 N SPOKANE STREET POST FALLS ID 83854 | | 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 | MATTHEW C. ODD | 820 N.SPOKANE STREET | POST FALLS | ID | USA | 83854 |
| 5. Organized Under the Laws of: ID W 149032 | | 6. Annual Report must be signed.* Signature: David Zeien Name (type or print): David Zeien Date: 01/25/2017 Title: Manager | | | | |
| Processed 01/25/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | |