No. C 152669		Due no later than Jan 31, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		BEN CHON 1200 W PINE AVE MERIDIAN ID 83642				
SECRETARY OF STATE	1. Mail	1. Mailing Address: Correct in this box if needed. PETERSON HI-TECH DENTAL LAB., INC. BEN H CHON 1200 W PINE AVE MERIDIAN ID 83642						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BEN H							
	MERIDIA			3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and	Business Address	es of President, Secretary, and Directors. Trea	asurer (optional).				
Office Held Name		Street or PO Address	City	9	State	Country	Postal Code	
TREASURER MICHA		1200 W PINE AVE	MERID		ID	USA	83642	
PRESIDENT BEN H	CHON	1200 W PINE AVE	MERID	IAN	ID	USA	83642	
5. Organized Under the Laws of:	6. Annual I	6. Annual Report must be signed.*						
ID	Signatur	Signature: ben chon			Date: 11/21/2016			
C 152669	Name (t	Name (type or print): ben chon			Title: President			
Processed 11/21/2016	* Electronic	* Electronically provided signatures are accepted as original signatures.						