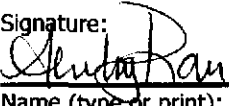


No. W 83271	Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) AMBER RAU 2792 CESSNA HAYDEN ID 83835
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. RIVERBEND DENTAL LAB, LLC AMBER RAU PO BOX 1651 HAYDEN ID 83835		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Peter Rau PO BOX 1651 Hayden ID Kootenai 83835			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Amber Rau PO Box 1651 Hayden ID Kootenai 83835			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 83271 </div>		6. Signature: <u></u> Date: <u>8/31/2015</u> Name (type or print): <u>Amber J. Rau</u> Title: <u>Owner/member</u>	
Issued 09/08/2015 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the