No. W 12815		Due no later than Aug 31, 2017		2. I	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. HIGH COUNTRY DENTAL LAB LLC JOHN V BARNES 4320 E 200 N RIGBY ID 83442			JOHN V BARNES 4320 E 200 N RIGBY ID 83442-8344 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar			least one Member or Manager.	J. <u>1</u>	<u>tew</u> negistere	- Agent of	gridearer	
Office Held	Name		Street or PO Address	Ci	ity	State	Country	Postal Code
MANAGER	JOHN V BARNES		4320 E 200 N	R)	IGBY	ID		83442
5. Organized Under the Laws of: ID W 12815		6. Annual Report must be signed.* Signature: John Veral Barnes Name (type or print): John Veral Barnes			Date: 08/30/2017 Title: manager			
Processed 08/30/2017 * Electronically provided signatures are accepted as original signatures								