

No. W 67096		Due no later than Sep 30, 2013 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		1. Mailing Address: Correct in this box if needed. NORTHERN LIGHTS DENTAL LAB, LLC ANGIE CUTFORTH 39 PROFESSIONAL PLAZA REXBURG ID 83440		RICK CUTFORTH 1360 E 17TH ST IDAHO FALLS ID 83404			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	RICK CUTFORTH	1400 E 17TH ST	IDAHO FALLS	ID	USA	83404	
MEMBER	ANGIE CUTFORTH	1360 E 17TH ST	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID W 67096		6. Annual Report must be signed.* Signature: Rick Cutforth Name (type or print): Rick Cutforth					
		Date: 07/15/2013 Title: Member					
Processed 07/15/2013 * Electronically provided signatures are accepted as original signatures.							