

No. W 89048		Due no later than Dec 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MCCLURE DENTAL LAB DESIGN, LLC MARK MCCLURE 280 E CORPORATE DR. SUITE 230 MERIDIAN ID 83642		MARK MCCLURE 10161 W ARROWLEAF CT STAR ID 83669			
				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	ANDREW JACOB MCCLURE	1372 DARRAH DR.	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 89048		Signature: Mark McClure				Date: 10/31/2012	
		Name (type or print): Mark McClure				Title: Member	
Processed 10/31/2012		* Electronically provided signatures are accepted as original signatures.					