No. **W 21201**	**Due no later than Oct 31, 2014** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** NORTH END DENTAL LABORATORY LLC PAUL L LALIBERTE 1907 N 22ND ST BOISE ID 83702	PAUL LALIBERTE 1907 N 22ND ST BOISE ID 83702 3. New 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
MANAGER	PAUL LALIBERTE	1907 N 22ND ST	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 21201**	Signature: Paul Laliberte	Date: 08/16/2014
	Name (type or print): Paul Laliberte	Title: Manager, Owner

Processed 08/16/2014

* Electronically provided signatures are accepted as original signatures.