| No. C 148616 | | Due | Due no later than Apr 30, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|------|--|---|------------------|---|--------------|-------------|--|--|
| Return to: | | Annual Report Form | | | GENNADY BABICHENKO | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | BABICHENKO DEI GENNADY S BA 503 SW 5TH AVI | 1. Mailing Address: Correct in this box if needed. BABICHENKO DENTAL LAB, INC. GENNADY S BABICHENKO 503 SW 5TH AVE MERIDIAN ID 83642 USA Dess Addresses of President, Secretary, and Directors. Treasurer | | 503 SW 5TH AVE MERIDIAN ID 83642 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | | |
| Office Held | Name | Silless Addresses of Pre | Street or PO Address | City | State | Country | Postal Code | | |
| PRESIDENT | | S BABICHENKO | 503 SW 5TH AVE | MERDIA | | USA | 83642 | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | |
| ID | | Signature: Gennady Babichenko | | | Date: 02/25/2014 | | | | |
| C 148616 | | Name (type or p | Name (type or print): Gennady Babichenko | | | Title: Owner | | | |
| Processed 02/25/2014 | | * Electronically prov | vided signatures are accepted as orig | inal signatures. | | | | | |