No. W 150636				2. Registered A	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. AVONDALE DENTAL LABORATORY, LLC ROBERT A ROBSON 9190 N. DRAWBRIDGE CT. Hayden Id 83835		9190 N DRAN HAYDEN ID	ROBERT A ROBSON 9190 N DRAWBRIDGE CT HAYDEN ID 83835-8383 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
200 201		nes and Addresse	s of at least one Member or Manager.	CHE	C 1 1		5	
	me		Street or PO Address	City	State	Country	Postal Code	
MEMBER NITA D ROBSON 9190 N. DRAWBRIDGE CT. HAYDEN ID USA 838							83835	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Rol		Date: 05/26/2017				
W 150636		Name (type or print): Robert A. Robson Title: Owner						
Processed 05/26/2017 * Electronically provided signatures are accepted as original signatures.								