

No. W 100611	Due no later than Feb 29, 2012 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. ARCHIBALD DENTAL LABORATORY, LLC RICHARD F ARCHIBALD 885 PANCHERI STE 1 IDAHO FALLS ID 83402		RICHARD ARCHIBALD 885 PANCHERI STE 1 IDAHO FALLS ID 83402			
			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	RICHARD F ARCHIBALD	885 PANCHERI DRIVE SUITE 1	IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of: ID W 100611		6. Annual Report must be signed.* Signature: Richard F. Archibald Name (type or print): Richard F. Archibald		Date: 12/08/2011 Title: Owner		
Processed 12/08/2011		* Electronically provided signatures are accepted as original signatures.				