

No. <b>C 117880</b>		<b>Due no later than Jan 31, 2015</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  DENTAL LAB SERVICES, INC. JOHN MITCHELL PO BOX 2075 HAYDEN ID 83835-2075 USA		JOHN T MITCHELL 3895 N SCHREIBER WAY SUITE 800 COEUR D'ALENE 83815			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	ARLENE MITCHELL	3895 N SCHREIBER WAY SUITE 800	COEUR D'ALENE	ID	USA	83815	
PRESIDENT	JOHN MITCHELL	3895 N SCHREIBER WAY SUITE 800	COEUR D'ALENE	ID	USA	83815	
5. Organized Under the Laws of:  <b>ID C 117880</b>		6. Annual Report must be signed.* Signature: John Mitchell Name (type or print): John Mitchell Date: 01/26/2015 Title: President					
Processed 01/26/2015		* Electronically provided signatures are accepted as original signatures.					