No. **W 64967**	**Due no later than Jul 31, 2018** **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.** PARK DENTAL LAB, LLC LORI PARK 1263 E MARGARET AVE COEUR D'ALENE ID 83815	MICHAEL PARK 1263 E MARGARET AVE COEUR D'ALENE ID 83815 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	MICHAEL PARK	1263 E MARGARET AVE	COEUR D'ALENE	ID	USA	83815
MANAGER	LORI PARK	1263 E MARGARET AVE	COEUR D'ALENE	ID	USA	83815

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 64967**	Signature: Lori C. Park	Date: 06/04/2018
	Name (type or print): Lori C. Park	Title: member

Processed 06/04/2018

* Electronically provided signatures are accepted as original signatures.