No. **C 93203**	**Due no later than Aug 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.** NORTON DENTAL LAB, INC. GERALD R. NORTON P.O. BOX 373 201 N. 8TH #6 ST. MARIES ID 83861	GERALD R. NORTON 201 N. 8TH #6 201 N. 8TH #6 ST. MARIES ID 83861 3. New 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
DIRECTOR	GERALD R NORTON	P.O.BOX 373	ST. MARIES	ID	USA	83861
DIRECTOR	MERELEE A NORTON	P.O. BOX 373	ST. MARIES	ID	USA	83861
SECRETARY	MERELEE A NORTON	P.O. BOX 373	ST. MARIES	ID	USA	83861
PRESIDENT	GERALD R NORTON	P.O. BOX 373	ST. MARIES	ID	USA	83861

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 93203**	Signature: Gerald R. Norton	Date: 08/28/2018
	Name (type or print): Gerald R. Norton	Title: Pres.

Processed 08/28/2018

* Electronically provided signatures are accepted as original signatures.