

No. C 142348		Due no later than Jan 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. FILLMORE DENTAL LAB, INC. MARK FILLMORE PO BOX 608 BURLEY ID 83318		MARK W FILLMORE 2311 PARK AVE STE#4 BURLEY ID 83318-0496			
						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	
TREASURER	LEANN FILLMORE	2311 PARK AVE STE #4	BURLEY	ID	USA	83318-0496	
PRESIDENT	MARK FILLMORE	2311 PARK AVE STE #4	BURLEY	ID	USA	83318-0496	
SECRETARY	LEANN FILLMORE	2311 PARK AVE STE #4	BURLEY	ID	USA	83318-0496	
5. Organized Under the Laws of: ID C 142348		6. Annual Report must be signed.* Signature: MARK FILLMORE Name (type or print): MARK FILLMORE Date: 11/28/2017 Title: PRESIDENT					
Processed 11/28/2017 * Electronically provided signatures are accepted as original signatures.							