No. **W 55684**	**Due no later than Oct 31, 2015** **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.** ROCKY MOUNTAIN DENTAL LAB, LLC TIM JL HUFF PO BOX 9123 BOISE ID 83707	TIM HUFF 3157 S BOWN WY STE 200 BOISE ID 83706 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	TIMOTHY J HUFF	3157 S BOWN WAY, STE 200	BOISE	ID		83706

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 55684**	Signature: Amy Gallegos Name (type or print): Amy Gallegos	Date: 11/10/2015 Title: Accountant

Processed 11/10/2015

* Electronically provided signatures are accepted as original signatures.