No. <b>W 100611</b>	Due no later than Feb 29, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		RICHARD ARCHIBALD			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  ARCHIBALD DENTAL LABORATORY, LLC RICHARD F ARCHIBALD  885 PANCHERI STE 1		885 PANCHERI STE 1 IDAHO FALLS ID 83402			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
	IDAHO FALLS ID 83402		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held Name	5	Street or PO Address	City	State	Country	Postal Code
MEMBER RICHARD F	ARCHIBALD 8	385 PANCHERI DRIVE SUITE 1	IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of:	6. Annual Report must be					
ID	Signature: Richard F. Archibald		Date: 12/22/2015			
W 100611	W 100611 Name (type or print): Richard F. Archibald		Title: Owner			
Processed 12/22/2015	* Electronically provided signatures are accepted as original signatures.					