

No. W 21201		Due no later than Oct 31, 2009		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. NORTH END DENTAL LABORATORY LLC PAUL L LALIBERTE 1907 N 22ND ST BOISE ID 83702		PAUL LALIBERTE 1907 N 22ND ST BOISE ID 83702			
				3. <u>New</u> 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	PAUL LALIBERTE	1907 N 22ND ST	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 21201		Signature: Paul Laliberte				Date: 08/11/2009	
		Name (type or print): Paul Laliberte				Title: Owner	
Processed 08/11/2009		* Electronically provided signatures are accepted as original signatures.					