

No. **W 21201**

Due no later than October 31, 2005

2. Registered Agent and Office **NO PO BOX**

Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

NORTH END DENTAL LABORATORY LLC
1907 N 22ND ST
BOISE, ID 83702

PAUL LALIBERTE
1907 N 22ND ST
BOISE, ID 83702

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

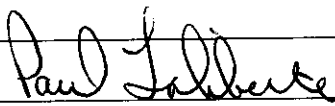
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
OWNER	PAUL LALIBERTE	1907 N. 22ND ST	BOISE	ID.	83702

5. Organized Under the Laws of:

IDAHO
W 21201

6.

Signature



Date

9/30/05

Name (Typed or Printed)

PAUL LALIBERTE

Title

OWNER