

No. C 160124 Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) KARL A EAMES 1743 OVERLAND AVE BURLEY ID 83318	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. EAMES DENTAL LAB, INC. PO BOX 494 BURLEY ID 83318	
3. New Registered Agent Signature.			
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.			
Office Held	Name	Street or PO Address	City State Country Postal Code
Pres.	Karl A. Eames	P.O. Box 494	Burley Id Cassia 83318
5. Organized Under the Laws of: IDAHO C 160124		6. Signature: <i>Karl A Eames</i> Date: 6-28-11 Name (type or print): Karl A. Eames Title: Pres.	

Issued 06/28/2011 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM