

No. <b>W 55684</b>		<b>Due no later than Oct 31, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> 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. <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	TIMOTHY J HUFF	3157 S BOWN WAY, STE 200	BOISE	ID	83706
5. Organized Under the Laws of:  <b>ID W 55684</b>		6. Annual Report must be signed.* Signature: Cordell Chigbrow Name (type or print): Cordell Chigbrow Date: 12/07/2017 Title: CPA			
Processed 12/07/2017		* Electronically provided signatures are accepted as original signatures.			