

No. <b>W 83271</b>		<b>Due no later than Apr 30, 2011</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  RIVERBEND DENTAL LAB, LLC AMBER RAU PO BOX 1651 HAYDEN ID 83835		AMBER RAU 2792 CESSNA HAYDEN ID 83835	
				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	AMBER RAU	PO BOX 1651	HAYDEN	ID	USA 83835
5. Organized Under the Laws of:  <b>ID W 83271</b>		6. Annual Report must be signed.* Signature: Amber Rau Name (type or print): Amber Rau Date: 05/11/2011 Title: Manager			
Processed 05/11/2011		* Electronically provided signatures are accepted as original signatures.			