

No. W 76772		Due no later than Aug 31, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ELKINS DENTAL LAB LLC RUSSELL ELKINS 273 W SPICEWOOD DR MERIDIAN ID 83646		RUSSELL ELKINS 273 W SPICEWOOD DR MERIDIAN ID 83646			
				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	JAMMIE M ELKINS	273 W SPICEWOOD DRIVE	MERIDIAN	ID	USA	83646	
MANAGER	RUSSELL IRA ELKINS	273 W SPICEWOOD DRIVE	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of: ID W 76772		6. Annual Report must be signed.* Signature: Jammie Elkins Name (type or print): Jammie Elkins Date: 06/20/2011 Title: Office Manager					
Processed 06/20/2011		* Electronically provided signatures are accepted as original signatures.					