| No. **W 55684** | **Due no later than Oct 31, 2012**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>ROCKY MOUNTAIN DENTAL LAB, LLC<br>COLINE L HUFF<br>PO BOX 9123<br>BOISE ID 83707 | COLINE L HUFF<br>3690 E VANTAGE POINTE LANE<br>MERIDIAN ID 83642<br><br>3. New 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 | COLINE L HUFF | 3690 E VANTAGE POINTE LANE | MERIDIAN | ID | USA | 83642 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 55684** | Signature: Coline Huff<br>Name (type or print): Coline Huff | Date: 08/29/2012<br>Title: Manager |

Processed 08/29/2012

* Electronically provided signatures are accepted as original signatures.