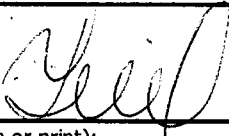


No. <b>C 148616</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/28/2016</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> GENNADY BABICHENKO 503 SW 5TH AVE MERIDIAN ID 83642														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>				<b>1. Mailing Address: Correct in this box if needed.</b> BABICHENKO DENTAL LAB, INC. GENNADY S BABICHENKO 503 SW 5TH AVE MERIDIAN ID 83642	<b>3. <u>New</u> Registered Agent Signature.</b>												
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.</b> <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Gennady Babichenko</td> <td>503 SW 5th Ave</td> <td>Meridian</td> <td>ID</td> <td></td> <td>83642</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Gennady Babichenko	503 SW 5th Ave	Meridian	ID		83642
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Gennady Babichenko	503 SW 5th Ave	Meridian	ID		83642											
<b>5. Organized Under the Laws of:</b>  IDAHO C 148616	<b>6.</b> Signature:  Date: <u>7-28-2016</u> Name (type or print): <u>Gennady Babichenko</u> Title: <u>Owner</u>																

Issued 07/28/2016 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**