

No. W 21201

Due no later than October 31, 2007

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

NORTH END DENTAL LABORATORY LLC
1907 N 22ND ST
BOISE, ID 83702

PAUL LALIBERTE
1907 N 22ND ST
BOISE, ID 83702

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held

Name

Street or P.O. Address

City

State

Zip

OWNER PAUL LALIBERTE 1907 N. 22ND ST BOISE ID. 83702

5. Organized Under the Laws of:

IDAHO
W 21201

6.

Signature

Paul Laliberte

Date

8/26/07

Name (Typed or Printed)

PAUL LALIBERTE

Title

OWNER

Issued 08/02/2007

Do Not Tape or Staple

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