No. <b>W 86978</b>		Due no later than Sep 30, 2014		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ELIZABETH	ELIZABETH PILLING 4795 N SUMMIT WAY STE 120 MERIDIAN ID 83648  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  AESTHETIC SMILES DENTAL LAB LLC ELIZABETH PILLING 4795 N SUMMIT WAY STE 120 MERIDIAN ID 83648		MERIDIAN				
NO FILING FEE IF RECEIVED BY DUE DATE		MERIDIAN ID	03040	J. <u>INCV</u> Regist	Lered Agent 3	ignature.		
4. Limited Liability Compan	ies: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER ELIZABETH F		PILLING	4795 N. SUMMIT WAY #120	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 86978		Signature: Wade Pilling			Date: 08/04/2014			
		Name (type or print): Wade Pilling			Title: Owner			
Processed 08/04/2014 * Electronically provided signatures are accepted as original signatures.								