No. C 138925		Secretarian accused higher properties about the natural of higher than the control of the contro		2. Regis	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. SHERRIL'S ORTHODONTIC LAB, INC. SHERRIL R GIPE 8291 W NORTHVIEW ST. BOISE ID 83704		703 F	SHERRIL R GIPE 703 FULMER CT MERIDIAN ID 83642 3. New Registered Agent Signature:*			
				3 Now				
NO FILING FEE IF RECEIVED BY DUE DATE		BOISE ID	83704	J. <u>INEW</u>	3. <u>Ivew</u> Registered Agent Signature.			
4. Corporations: Enter Na	mes and Bus	iness Addresse	s of President, Secretary, and Directors. Trea	surer (optional)).			
Office Held	Name		Street or PO Address	City	9	State	Country	Postal Code
SECRETARY	JOHNNY W	GIPE	703 FULMER CT	MERID	IAN	ID	USA	83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sherril RI Gipe			Date: 03/19/2010			
C 138925		Name (type or print): Sherril RI Gipe			Title: President			
Processed 03/19/2010	/2010 * Electronically provided signatures are accepted as original signatures.							