

No. C 139539	Due no later than Jun 30, 2014 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. DR. BRYAN DRYDEN FAMILY DENTISTRY, P.A. JULIE DRYDEN 509 W HANLEY AVE STE 102 COEUR D ALENE ID 83815	BRYAN DRYDEN 509 W HANLEY AVE STE 102 COEUR D'ALENE ID 83815 3. <u>New</u> Registered Agent Signature: *				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	JULIE DRYDEN	1259 DONNA CT	COEUR D ALENE	ID	USA	83815
TREASURER	BRYAN R DRYDEN	1259 DONNA CT	COEUR D ALENE	ID	USA	83815
PRESIDENT	BRYAN R DRYDEN	1259 DONNA CT	COEUR D ALENE	ID	USA	83815
5. Organized Under the Laws of: ID C 139539	6. Annual Report must be signed.* Signature: Julie Dryden Name (type or print): Julie Dryden		Date: 06/30/2014 Title: Secretary			
Processed 06/30/2014		* Electronically provided signatures are accepted as original signatures.				