No. **W 43292**	**Due no later than Sep 30, 2016** **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.** BRYDEN ORTHODONTICS, LLC DAVID WILKINSON 3326 4TH ST STE 5 LEWISTON ID 83501	DAVID WILKINSON 3326 4TH ST STE 5 LEWISTON ID 83501 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	DAVID WILKINSON	1934 SUNFLOWER LN	LEWISTON	ID		83501
MEMBER	PAMELA WILKINSON	1934 SUNFLOWER LN	LEWISTON	ID		83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 43292**	Signature: Pamela J. Wilkinson	Date: 08/15/2016
	Name (type or print): Pamela J. Wilkinson	Title: Business Mgr

Processed 08/15/2016

* Electronically provided signatures are accepted as original signatures.