

No. C 139539

Due no later than June 30, 2008

2. Registered Agent and Office NO PO BOX

Annual Report Form

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

DR. BRYAN DRYDEN FAMILY DENTISTRY,  
BRYAN DRYDEN  
509 W HANLEY AVE STE 102  
COEUR D ALENE, ID 83815

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COEUR D ALENE, ID 83815

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres/Tres.	Bryan Dryden	509 W Hanley Ave STE 102	CDA	ID	83815
V-Pres/Sec	Julie Dryden	509 W Hanley Ave STE 102	CDA	ID	83815

5. Organized Under the Laws of:  
IDAHO  
C 139539

6. Signature *Bryan Dryden* Date 4/15/08  
Name (Typed or Printed) Bryan Dryden Title Pres