

No. C 182405		Due no later than Mar 31, 2010		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. BRYDEN ORTHODONTIC LAB, INC DAVID L WILKINSON 3326 FOURTH ST STE 5 LEWISTON ID 83501 USA		DAVID WILKINSON 3326 FOURTH ST STE 5 LEWISTON ID 83501			
				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	PAMELA J WILKINSON	1934 SUNFLOWER LN	LEWISTON	ID	USA	83501	
PRESIDENT	DAVID L WILKINSON	1934 SUNFLOWER LN	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID C 182405		6. Annual Report must be signed.* Signature: Pamela J Wilkinson Name (type or print): Pamela J Wilkinson Date: 01/20/2010 Title: Secretary					
Processed 01/20/2010		* Electronically provided signatures are accepted as original signatures.					