

No. <b>C 182405</b>	<b>Due no later than Mar 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> BRYDEN ORTHODONTIC LAB, INC DAVID L WILKINSON 3326 FOURTH ST STE 5 LEWISTON ID 83501 USA		DAVID WILKINSON 3326 FOURTH ST STE 5 LEWISTON 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:  <b>ID C 182405</b>	6. Annual Report must be signed.* Signature: Pamela J Wilkinson Name (type or print): Pamela J Wilkinson		Date: 01/25/2015 Title: Secretary			
Processed 01/25/2015		* Electronically provided signatures are accepted as original signatures.				