

No. <b>W 43292</b>		<b>Due no later than Sep 30, 2018</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>Annual Report Form</b>		DAVID WILKINSON 3326 4TH ST STE 5 LEWISTON ID 83501	
		<b>1. Mailing Address: Correct in this box if needed.</b> BRYDEN ORTHODONTICS, LLC DAVID WILKINSON 3326 4TH ST STE 5 LEWISTON ID 83501		3. <u>New</u> 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:  <b>ID W 43292</b>		6. Annual Report must be signed.* Signature: Pamela Wilkinson Name (type or print): Pamela Wilkinson Date: 08/16/2018 Title: Secy/Treasurer			
Processed 08/16/2018		* Electronically provided signatures are accepted as original signatures.			