

No. C 117856

Due no later than January 31, 2009

## Annual Report Form

2. Registered Agent and Office NO PO BOX

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

P.A. GLIDDEN FAMILY DENTISTRY, P.A.  
103 W SUPERIOR  
SANDPOINT, ID 83864PHILLIP GLIDDEN  
103 W SUPERIOR  
SANDPOINT, ID 83864NO FILING FEE IF  
RECEIVED BY DUE DATE3. 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>
President	Phillip Glidden	103 W. Superior St	Sandpoint	ID	83864
Secretary	Phillip Glidden	103 W. Superior St	Sandpoint	ID	83864

5. Organized Under the Laws of:

IDAHO  
C 117856

6.

Signature

Name

(Typed or  
Printed)

Phillip Glidden DDS

Date 11-19-08

Title

President

Issued 11/05/2008

Do Not Tape or Staple

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