No. **C 139539**	**Due no later than Jun 30, 2009**	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.** DR. BRYAN DRYDEN FAMILY DENTISTRY, P.A. JULIE DRYDEN 509 W HANLEY AVE STE 102 COEUR D ALENE ID 83815	BRYAN DRYDEN 509 W HANLEY AVE STE 102 COEUR D'ALENE ID 83815 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	JULIE DRYDEN	509 W HANLEY AVE STE 102	COEUR D ALENE	ID	USA	83815
TREASURER	BRYAN R DRYDEN	509 W HANLEY AVE STE 102	COEUR D ALENE	ID	USA	83815
PRESIDENT	BRYAN R DRYDEN	509 W HANLEY AVE STE 102	COEUR D ALENE	ID	USA	83815

5. Organized Under the Laws of: **ID** **C 139539**	6. Annual Report must be signed.* Signature: Julie Dryden Name (type or print): Julie Dryden	Date: 04/14/2009 Title: Secretary
Processed 04/14/2009	* Electronically provided signatures are accepted as original signatures.	