

No. C 117989

Due no later than January 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

BRIDGE TOWER DENTAL, P.A.
THOMAS U COX
3250 N TOWERBRIDGE WAY
MERIDIAN, ID 83642THOMAS U COX DDS
3250 N TOWER BRIDGE WAY
MERIDIAN, ID 83642NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Pres.	Thomas U Cox	3250 N. Towerbridge Way	Meridian	ID	83646
V. Pres	Lisa Kay Cox	3250 N. Towerbridge Way	Meridian	ID	83646

5. Organized Under the Laws of:

IDAHO
C 117989

6.

Signature



Date

11/8/06

Name

(Typed or Printed)

Thomas U Cox

Title

Pres.

Issued 11/01/2006

Do Not Tape or Staple

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