

No. C 130719	Due no later than Oct 31, 2009 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. RELIANCE DENTAL, INC. GORDON SOPER 3143 EAST 12 NORTH IDAHO FALLS ID 83402 USA		GORDON SOPER 3143 EAST 12 NORTH IDAHO FALLS ID 83402			
			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
PRESIDENT	GORDON SOPER	3143 EAST 12 NORTH	IDAHO FALLS	ID	USA	83402
SECRETARY	DIXIE SOPER	3143 EAST 12 NORTH	IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of: CO C 130719	6. Annual Report must be signed.* Signature: Patty Poulsen Name (type or print): Patty Poulsen		Date: 11/05/2009 Title: Assistant			
Processed 11/05/2009		* Electronically provided signatures are accepted as original signatures.				