

No. W 43292

Due no later than September 30, 2008  
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

BRYDEN ORTHODONTICS, LLC  
DAVID WILKINSON  
3326 4TH ST STE 3  
LEWISTON, ID 83501DAVID WILKINSON  
3326 4TH ST STE 3  
LEWISTON, ID 83501NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

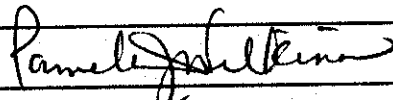
Office held	Name	Street or P.O. Address	City	State	Zip
Mgr	David Wilkinson	1934 Sunflower Ln	Lewiston	ID	83501
Member	Pamela Wilkinson	1934 Sunflower Ln	Lewiston	ID	83509

5. Organized Under the Laws of:

IDAHO  
W 43292

6.

Signature



Date

7/18/08

Name (Typed or Printed)

PAMELA J. WILKINSON

Title

Member