

No. C 130719

Due no later than October 31, 2008

Annual Report Form

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

RELIANCE DENTAL, INC.
3143 EAST 12 NORTH
IDAHO FALLS, ID 83402

2. Registered Agent and Office NO PO BOX

GORDON SOPER
3143 EAST 12 NORTH
IDAHO FALLS, ID 83402

NO FILING FEE IF
RECEIVED BY DUE DATE

3. 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>
PRES.	GORDON SOPER	3143 E 12 N	IDAHO FALLS	ID	83402
V. PRES. & SEC.	DIXIE A. SOPER	3143 E 12 N	IDAHO FALLS	ID	83402

5. Organized Under the Laws of:
COLORADO
C 130719

6.

Signature

Date

8/14/08

Name (Typed or Printed)

GORDON C. SOPER

Title

PRES.

Issued 08/06/2008

Do Not Tape or Staple

200810001789