

No. C 139539	Due no later than Jun 30, 2013 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. 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: 05/06/2013 Title: Secretary			
Processed 05/06/2013		* Electronically provided signatures are accepted as original signatures.				