

No. C 117989

Due no later than January 31, 2009

## 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

BRIDGE TOWER DENTAL, P.A.  
THOMAS U COX  
3250 N TOWERBRIDGE WAY  
MERIDIAN, ID 83646

THOMAS U COX DDS  
3250 N TOWER BRIDGE WAY  
MERIDIAN, ID 83646

**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.

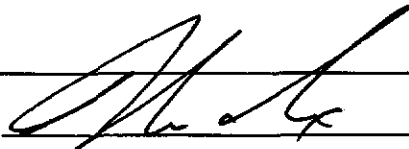
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres	Thomas U. Cox	3250 N. Towerbridge Way	Meridian	ID	83646
Sec.	Lisa Kay Cox	3250 N. Towerbridge Way	Meridian	ID	83646

5. Organized Under the Laws of:

IDAHO  
C 117080

6.

Signature



Date

11/12/08  
owner