

No. C 117989		Due no later than Jan 31, 2013		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. BRIDGE TOWER DENTAL, P.A. THOMAS U COX 3250 N TOWERBRIDGE WAY MERIDIAN ID 83646		THOMAS U COX DDS 3250 N TOWERBRIDGE WAY MERIDIAN ID 83646			
				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	THOMAS U COX DDS	3250 N TOWERBRIDGE WAY	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 117989		Signature: Thomas Cox				Date: 11/13/2012	
		Name (type or print): Thomas Cox				Title: Owner	
Processed 11/13/2012		* Electronically provided signatures are accepted as original signatures.					