

No. C 130719

Due no later than October 31, 2007  
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

RELIANCE DENTAL, INC.  
3143 EAST 12 NORTH  
IDAHO FALLS, ID 83402GORDON SOPER  
3143 EAST 12 NORTH  
IDAHO FALLS, ID 83402NO FILING FEE IF  
RECEIVED BY DUE DATE3. 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 C. SOPER	3143 E. 12 N.	IDAHO FALLS	ID	83402
V. P.	DIXIE A. SOPER	"	"	"	"
SEC.	"	"	"	"	"

5. Organized Under the Laws of:  
COLORADO  
C 130719

6.

Signature



Date

8/14/07

Name (Typed or Printed)

GORDON C. SOPER

Title

PRES.

Issued 08/02/2007

Do Not Tape or Staple

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