

No. W 43292		Due no later than Sep 30, 2009 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		1. Mailing Address: Correct in this box if needed. BRYDEN ORTHODONTICS, LLC DAVID WILKINSON 3326 4TH ST STE 5 LEWISTON ID 83501		DAVID WILKINSON 3326 4TH ST STE 3 LEWISTON ID 83501			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	DAVID L. WILKINSON	1934 SUNFLOWER LN	LEWISTON	ID	USA	83501	
MEMBER	PAMELA J. WILKINSON	1934 SUNFLOWER LN	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID W 43292		6. Annual Report must be signed.* Signature: Pamela J. Wilkinson Name (type or print): Pamela J. Wilkinson Date: 07/21/2009 Title: Bookkeeper/Spouse/owner					
Processed 07/21/2009 * Electronically provided signatures are accepted as original signatures.							