No. <b>L 6198</b>		Due no later than Dec 31, 2012 Annual Report Form  1. Mailing Address: Correct in this box if needed.  KIMBERLY LP TROY WILLIAMS 1431 NORTH FILLMORE ST STE 100 TWIN FALLS ID 83301 USA		2. Registered Agent and Address (NO PO BOX)  TROY WILLIAMS  1431 NORTH FILLMORE ST STE 100  TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE							
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	BRACES R I	US ORTHODONTICS	1431 NORTH FILLMORE ST STE 100	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID L 6198		Signature: Jenny Amelewu		Date: 10/25/2012			
		Name (type or print	Title: Office Manager				
Processed 10/25/2012 * Electronically provided signatures are accepted as original signatures.							