

No. W 56120		Due no later than Nov 30, 2009		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		1. Mailing Address: Correct in this box if needed. ALEXANDER ORTHODONTICS LLC SCOTT D LEXANDER 3167 SOUTH BOWN WAY BOISE ID 83706		SCOTT D ALEXANDER 3167 S BOWN WAY BOISE ID 83706			
				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	
MANAGER	SCOTT D ALEXANDER	202 N. STRAUGHAN AVE	BOISE	ID	USA	83712	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 56120		Signature: Scott Alexander				Date: 10/13/2009	
		Name (type or print): Scott Alexander				Title: Manager	
Processed 10/13/2009		* Electronically provided signatures are accepted as original signatures.					