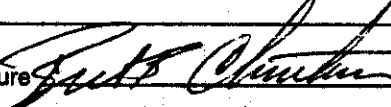


<b>No. W 14958</b>	<b>Due no later than April 30, 2007</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  SOUTHWAY ORTHODONTICS, PLLC BRET CHRISTENSEN 77 SOUTHWAY STE D LEWISTON, ID 83501 USA		BRET CHRISTENSEN 77 SOUTHWAY STE D LEWISTON, ID 83501		
			<b>3. New Registered Agent Signature</b>		
Limited Liability Companies: Enter Names and Addresses of Managers.					
<u>Office held</u> OWNER	<u>Name</u> BRET B CHRISTENSEN	<u>Street or P.O. Address</u> 77 Southway Ave Ste D	<u>City</u> Lewiston	<u>State</u> ID	<u>Zip</u> 83501
<b>5. Organized Under the Laws of:</b>  IDAHO W 14958		<b>6.</b> Signature  <b>Date</b> 2-14-2007 Name (Typed or Printed) BRET B CHRISTENSEN <b>Title</b> OWNER			
Issued 02/01/2007		Do Not Tape or Staple		200704005805	