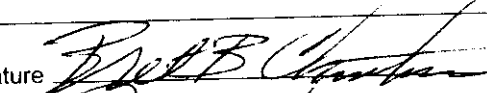
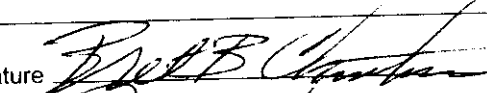
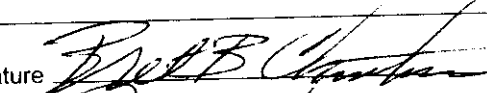


No. W 14958	Due no later than April 30, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX BRET CHRISTENSEN 77 SOUTHWAY STE D LEWISTON, ID 83501												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box if applicable: SOUTHWAY ORTHODONTICS, PLLC BRET CHRISTENSEN 77 SOUTHWAY STE D LEWISTON, ID 83501	3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>owner</td> <td>Bret B Christensen</td> <td>29878 Thiessen Rd</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	owner	Bret B Christensen	29878 Thiessen Rd	Lewiston	ID	83501
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
owner	Bret B Christensen	29878 Thiessen Rd	Lewiston	ID	83501									
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 14958</div>	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date 2-18-04</td> </tr> <tr> <td>Name (Typed or Printed) Bret B. Christensen</td> <td>Title owner</td> </tr> </table>		Signature 	Date 2-18-04	Name (Typed or Printed) Bret B. Christensen	Title owner								
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