

No. L 5800

Due no later than January 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

DUSTIN YEOMANS WILLIAMS LIMITED PAR
1431 N FILLMORE ST STE 100
TWIN FALLS, ID 83301

TROY WILLIAMS
1431 N FILLMORE ST STE 100
TWIN FALLS, ID 83301

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Partnerships: Enter Names and Business Addresses of General Partners.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	Brace "R" Us Orthodontics	1431 N. Fillmore st. suite 100	Twin Falls	Id	83301

5. Organized Under the Laws of:
IDAHO
L 5800

6.

Signature

Date

11-8-07

Name

(Typed or Printed)

Troy Williams

Title

Registered agent