

No. W 31522		Due no later than Jun 30, 2010		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CALDWELL ORTHODONTIC ASSOCIATES PLLC NEAL P WEBSTER DDS 3611 S 10TH AVE CALDWELL ID 83605-6209 USA		NEAL P WEBSTER DDS 3611 S 10TH AVE CALDWELL ID 83605	
				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
MEMBER	HOLLY A WEBSTER	3611 S 10TH AVE	CALDWELL	ID	USA 83605-6209
5. Organized Under the Laws of: ID W 31522		6. Annual Report must be signed.* Signature: Neal P. Webster Name (type or print): Neal P. Webster Date: 04/23/2010 Title: Owner			
Processed 04/23/2010		* Electronically provided signatures are accepted as original signatures.			