No. W 31522		Due no later than Jun 30, 2011		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		NEAL P WEBSTER DDS 3611 S 10TH AVE CALDWELL ID 83605				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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
		NO FILING FEE IF RECEIVED BY DUE DATE		USA				
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 NEAL P WEE		BSTER	3611 S 10TH AVE		CALDWELL	ID	USA	83605
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 31522		Signature: Neal P. Webster			Date: 04/30/2011			
		Name (type or print): Neal P. Webster			Title: Owner			
Processed 04/30/2011 * Electronically provided signatures are accepted as original signatures.								