No. W 31522 Return to: SECRETARY OF STATE	Due no later than June 30, 20 Annual Report Form 1. Mailing Address - Correct in this box. in		2. Registered Agei	nt and Office NO PO BOX
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CALDWELL ORTHODONTIC ASSOCIATES HERMAN T SAKIMOTO DDS 3611 S 10TH AVE CALDWELL, ID 83605	applicable	3611 S 10TH AVE CALDWELL, ID 83	
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered	Agent Signature
Carried Liability Companie	es: Enter Names and Addresses of Ma	nagere		
<u>Name</u>	Street or P.O. Address	City	State	Zip
Manager: Herman T. S	akimoto 3611 S. 10TH Ave.	Caldwe1	.1, ID	83605
Manager: Neal P. Web	ster 3611 S. 10TH Ave.	Caldwel	1, ID	83605
5. Organized Under the Laws of: IDAHO W 31522	6. Signature Name (Typed or Herman T. Sa	Salin	Date 5	18/06
Issued 04/03/2006	Name Printed Herman T. Sa Do Not Tape or Staple		Title Man	ager