

No. W 31522	Due no later than June 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX HERMAN T SAKIMOTO DDS 3611 S 10TH AVE CALDWELL, ID 83605																		
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 CALDWELL ORTHODONTIC ASSOCIATES PLL HERMAN T SAKIMOTO DDS 3611 S 10TH AVE CALDWELL, ID 83605		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <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>Manager:</td> <td>Herman T. Sakimoto</td> <td>3611 S. 10th Ave.</td> <td>Caldwell,</td> <td>ID</td> <td>83605</td> </tr> <tr> <td>Manager:</td> <td>Neal P. Webster</td> <td>3611 S. 10th Ave.</td> <td>Caldwell,</td> <td>ID</td> <td>83605</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>	Manager:	Herman T. Sakimoto	3611 S. 10th Ave.	Caldwell,	ID	83605	Manager:	Neal P. Webster	3611 S. 10th Ave.	Caldwell,	ID	83605
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Manager:	Neal P. Webster	3611 S. 10th Ave.	Caldwell,	ID	83605																
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 31522</div>		6. Signature <u>Herman T. Sakimoto</u> Date <u>5/5/05</u> Name <small>(Typed or Printed)</small> <u>Herman T. Sakimoto</u> Title <u>Manager</u>																			

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