

No. **C 148090**

Due no later than March 31, 2006
Annual Report Form

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

BRACES R US, INC.
1431 N FILLMORE ST STE 100
TWIN FALLS, ID 83301

2. Registered Agent and Office **NO PO BOX**

ROY WILLIAMS
431 N FILLMORE ST STE 100
TWIN FALLS, ID 83301

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held Name
President *Troy*

Street or P.O. Address
1431 N Fillmore st. ste 100

City *Twin Falls* State *Id* Zip *83301*

5. Organized Under the Laws of:
IDAHO
C 148090

6.
Signature *D. B. Williams*
Name (Typed or Printed) *Troy Williams*

Date *1-11-06*

Title *Dr*