

No. <b>L 6198</b>		<b>Due no later than Dec 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  KIMBERLY LP TROY WILLIAMS 1431 NORTH FILLMORE ST STE 100 TWIN FALLS ID 83301 USA		TROY WILLIAMS 1431 NORTH FILLMORE ST STE 100 TWIN FALLS ID 83301				
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*				
Office Held  GENERAL PARTNER	Name  BRACES R US ORTHODONTICS	Street or PO Address  1431 NORTH FILLMORE ST STE 100		City  TWIN FALLS	State  ID	Country  USA	Postal Code  83301	
5. Organized Under the Laws of:  <b>ID L 6198</b>	6. Annual Report must be signed.*  Signature: Jenny Amelewu Name (type or print): Jenny Amelewu		Date: 10/07/2011 Title: Office Manager					
Processed 10/07/2011		* Electronically provided signatures are accepted as original signatures.						