No. W 45240		Due no later than Dec 31, 2006		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ERIC L OLSEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SOUTHEAST IDAHO ORTHODONTICS, PLLC ERIC L OLSEN 201 E CENTER POCATELLO ID 83204			201 E CENTER POCATELLO ID 83204 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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	DR ERIC D.	JOHNSON	625 E ALAMEDA RD		POCATELLO	ID		83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IDA HO W 45240		Signature: ERIC D. JOHNSON			Date: 10/30/2006			
		Name (type or print): ERIC D. JOHNSON			Title: MANAGER			
Processed 10/30/2006 * Electronically provided signatures are accepted as original signatures.								