No. **W 45240**	**Due no later than Dec 31, 2010** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
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 needed.** SOUTHEAST IDAHO ORTHODONTICS, PLLC ERIC D. JOHNSON 625 E. ALAMEDA RD POCATELLO ID 83201	ERIC L OLSEN 201 E CENTER POCATELLO ID 83204 3. New Registered Agent Signature:*

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	USA	83201
MANAGER	JEFF MCMINN	625 E. ALAMEDA RD	POCATELLO	ID	USA	83201

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 45240**	Signature: Eric Johnson	Date: 10/11/2010
	Name (type or print): Eric Johnson	Title: Manager

Processed 10/11/2010

* Electronically provided signatures are accepted as original signatures.