

No. W 31522	Due no later than June 30, 2007 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. New Registered Agent Signature
4. Limited Liability Companies: Enter Names and Addresses of Managers.			
<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, D.D.S.	3611 S. 10TH AVE.	Caldwell, ID 83605
Manager:	Neal P. Webster, D.D.S.	3611 S. 10TH Ave.	Caldwell, ID 83605
5. Organized Under the Laws of: IDAHO W 31522		6. Signature <u><i>Herman T. Sakimoto</i></u> Date <u>6/5/07</u> Name (Typed or Printed) <u>Herman T. Sakimoto</u> Title <u>Manager</u>	