No. <b>W 45240</b>	C	Due no later than Dec 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ERIC L OLSEN			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.  SOUTHEAST IDAHO ORTHODONTICS, PLLC ERIC D. JOHNSON 625 E. ALAMEDA RD POCATELLO ID 83201		201 E CENTER POCATELLO ID 83204			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ERIC D. JOI						
	POCATELLO			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	C D. JOHNSON	625 E ALAMEDA RD	POCATELLO	ID	USA	83201	
MEMBER JEFF I	MCMINN	625 E. ALAMEDA RD	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: 6. Anni		5. Annual Report must be signed.*					
ID ID	Signature: E	Signature: Eric D Johnson		Date: 10/18/2011			
W 45240	Name (type	Name (type or print): Eric D Johnson		Title: Manager			
Processed 10/18/2011	* Electronically	* Electronically provided signatures are accepted as original signatures.					