| No. <b>C 148090</b>  |                 | Due no later than Mar 31, 2009 Annual Report Form  |   | 2. Registered Ag   | 2. Registered Agent and Address (NO PO BOX) |         |             |  |
|--|-----------------|--|---|--|---|---------|-------------|--|
| Return to:   |                 |  |   |  | TROY WILLIAMS                               |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                 | 1. Mailing Address: Correct in this box if needed.  BRACES R US, INC.  TROY A WILLIAMS  1431 N FILLMORE ST STE 100  TWIN FALLS ID 83301  USA |   | Schoolstern A. A. Bressersensensen                       | 1431 N FILLMORE ST STE 100                  |         |             |  |
|  |                 |  |   | TWIN FALLS ID 83301  3. New Registered Agent Signature:* |   |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                 |  |   |  |   |         |             |  |
| 4. Corporations: Enter   | Names and Busin | ess Addresses of F   | President, Secretary, and Directors. Treasure | er (optional).   |   |         |             |  |
| Office Held  | Name            |  | Street or PO Address                          | City   | State                                       | Country | Postal Code |  |
| PRESIDENT  | TROY A W        | ILLIAMS  | 1431 N. FILLMORE ST.STE 100                   | TWIN FALLS   | ID  | USA     | 83301       |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |   |  |   |         |             |  |
| ID<br>C 148090   |                 | Signature: Tro   |   | Date: 02/26/2009   |   |         |             |  |
|  |                 | Name (type or  |   | Title: President   |   |         |             |  |
| Processed 02/26/2009   | )               | * Electronically provided signatures are accepted as original signatures.  |   |  |   |         |             |  |