	Due no later than Jul 31, 2001	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form  1. Mailing Address - Correct in this box. if applicable LINEBERRY ORTHODONTICS, PLLC LAURA K LINEBERRY 3040 N FIVE MILE RD STE A	LAURA K LINEBERRY 3040 N FIVE MILE RD BOISE, ID 83704
NO FILING FEE IF RECEIVED BY DUE DATE	BOISE, ID 83713	3. <u>New</u> Registered Agent Signature
4. Limited Liability Compa	nies: Enter Names and Addresses of Managers.	
Office held Name	Street or P.O. Address Cit	y <u>State Zip</u>
5. Organized Under the Laws of:	6.	
5. Organized Under the Laws of: IDAHO W 6622	6. Signature Name Princed of Lawra K. Uneber	Date _7/9/01 Title: President