

No. <b>W 45240</b>		<b>Due no later than Dec 31, 2008</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SOUTHEAST IDAHO ORTHODONTICS, PLLC ERIC D. JOHNSON 625 E. ALAMEDA RD POCATELLO ID 83201		ERIC L OLSEN 201 E CENTER POCATELLO ID 83204			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> 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:  <b>ID</b> <b>W 45240</b>		6. Annual Report must be signed.*  Signature: Eric D Johnson Name (type or print): Eric D Johnson  Date: 10/27/2008 Title: Manager					
Processed 10/27/2008 * Electronically provided signatures are accepted as original signatures.							