No. L 5801

Due no later than January 31, 2008
Annual Report Form

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

1. Mailing Address - Correct in this box if applicable

KYLER YEOMANS WILLIAMS LIMITED PART
1431 N FILLMORE ST STE 100
TWIN FALLS, ID 83301

2. Registered Agent and Office NO PO BOX

TROY WILLIAMS
1431 N FILLMORE ST STE 100
TWIN FALLS, ID 83301

3. New Registered Agent Signature

4. Limited Partnerships: Enter Names and Business Addresses of General Partners.

Office held	Name	Street or P.O. Address	City	State	Zip
	Braces "R" Us Orthodontics	1431 N. Fillmore street suite 100	Twin Falls	Id	83301

5. Organized Under the Laws of:
IDAHO
L 5801

6.
Signature Troy Williams Date 11-8-07
Name (Typed or Printed) Troy Williams Title Registered agent

Issued 11/01/2007

Do Not Tape or Staple

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