

No. L 5799

Due no later than January 31, 2009  
Annual Report Form

2. Registered Agent and Office **NO PO BOX**

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

1. Mailing Address - Correct in this box, if applicable

AUSTIN YEOMANS WILLIAMS LIMITED PAR  
1431 N FILLMORE ST STE 100  
TWIN FALLS, ID 83301

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

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
General partner	Brad R Us Orthodontics	1431 N. Fillmore Street Suite 100	Twin Falls	ID	83301

5. Organized Under the Laws of:

IDAHO  
L 5799

6.

Signature

*Troy Williams*

Date

11-21-08

Name (Typed or Printed)

Troy Williams

Title

General partner