No. W 31928		Due no later than Jul 31, 2008		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			ERIC L OLSEN			
SECRETARY OF STATE 700 WEST JEFFERSON		1. Mailing Address: Correct in this box if needed. JOHNSON ORTHODONTICS, PLLC		ed.	201 E CENTER POCATELLO ID 83204			
PO BOX 83720 BOISE, ID 83720-0080		ERIC D. JOHNSON 625 E. ALAMEDA RD.						
		POCATELLO ID 83201			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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
MEMBER ERIC D. JOH		HNSON	625 E ALAMEDA RD		POCATELLO	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Eric D Johnson			Date: 05/27/2008			
W 31928		Name (type or print): Eric D Johnson			Title: Member			
Processed 05/27/2008 * Electronically provided signatures are accepted as original signatures.								