

No. W 31522		Due no later than Jun 30, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		NEAL P WEBSTER DDS 3611 S 10TH AVE CALDWELL ID 83605			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		CALDWELL ORTHODONTIC ASSOCIATES PLLC NEAL P WEBSTER DDS 3611 S 10TH AVE CALDWELL ID 83605					
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	HOLLY A WEBSTER	3611 S 10TH AVE	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 31522		Signature: Neal P. Webster, DDS				Date: 04/14/2009	
		Name (type or print): Neal P. Webster, DDS				Title: President	
Processed 04/14/2009		* Electronically provided signatures are accepted as original signatures.					