

July 18, 1996

William N. Carter, DDS  
William N. Carter, D.D.S. ... C60294  
7878 Ustic Rd  
Boise Id 83704

RE: William N. Carter, D.D.S. ... C60294

Greetings:

Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the names and addresses of the officers in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries  
Corporate Division

Enclosures: cited

2. Registered Agent and Office **NOT A P.O. BOX**

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

**NO FEE REQUIRED**

**\* FIRST NOTICE \***

1. Mailing Address - Please Correct, If Not Correct

WILLIAM N. CARTER, D.D.S., '92

WILLIAM N. CARTER, D.D.S.

RAY POINTE DENTAL CENTER

7878 USTICK ROAD

BOISE

30155

ID: 33704

WILLIAM N CARTER D.D.S.  
BAY POINTE DENTAL CENTER

878 USTICK ROAD

3015E

ID 83704

**3. Organized Under the Laws of:**

10

C 60294

4. Corporations: Enter Names and Addresses of President, Secretary and Directors

Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

**Office held**

Name \_\_\_\_\_

**Street or P.O. Address**

City

**State****Zip:**

5. **NATURE OF BUSINESS**

## DENTISTRY

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

**Signature**

Date \_\_\_\_\_

7/16/96

Name: \_\_\_\_\_

(Typed on  
Electronik)

Wm. N Carter

## Title

D.D.S. PA.

ISSUED: 07-06-1996

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