

No. C 184421		Due no later than Sep 30, 2015 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. JUSTIN CARTER DDS, P.C. JUSTIN CARTER 1415 N 800 W PRESTON ID 83263		JUSTIN CARTER 1415 N 800 W PRESTON ID 83263			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JUSTIN CARTER	1415 N 800 W	PRESTON	ID	USA	83263	
SECRETARY	COLLEEN CARTER	1415 N 800 W	PRESTON	ID	USA	83263	
5. Organized Under the Laws of: UT C 184421		6. Annual Report must be signed.* Signature: Justin Carter Name (type or print): Justin Carter					
		Date: 08/23/2015 Title: President					
Processed 08/23/2015		* Electronically provided signatures are accepted as original signatures.					