No. C 184421	D	Due no later than Sep 30, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TRAVIS M KUNZ			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	JUSTIN CART	1. Mailing Address: Correct in this box if needed. JUSTIN CARTER DDS, P.C. TRAVIS M KUNZ		19 S STATE ST PRESTON ID 83263			
BOISE, ID 83720-0080	1942 N MAIN		3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	Business Addresses of	President, Secretary, and Directors. Trea	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY COLLEEN CARTER		411 EAST 2720 NORTH	NORTH LOGAN	UT	USA	84341	
5. Organized Under the Laws of:	rganized Under the Laws of: 6. Annual Report must be signed.*						
ு ர	UT Signature: Travis M Kunz			Date: 07/25/2011			
C 184421	Name (type o	Name (type or print): Travis M Kunz		Title: Cpa, Cfe			
Processed 07/25/2011	* Electronically p	* Electronically provided signatures are accepted as original signatures.					