

No. C 174704		Due no later than Aug 31, 2014		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. OUR TOWN COMPLETE FAMILY DENTISTRY, PA W JASON CARTER 823 W. WATERSFORD DR. EAGLE ID 83616		W JASON CARTER 823 W. WATERSFORD DR. EAGLE ID 83616		
				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	W. J CARTER	823 W. WATERSFORD DR.	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID C 174704		6. Annual Report must be signed.* Signature: W. Jason Carter Name (type or print): W. Jason Carter Date: 06/12/2014 Title: Owner				
Processed 06/12/2014		* Electronically provided signatures are accepted as original signatures.				