

No. <b>C 174704</b>		<b>Due no later than Aug 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  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:  <b>ID</b> <b>C 174704</b>		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.							