

PETE T. CENARRUSA
SECRETARY OF STATE

BEN YSURSA
CHIEF DEPUTY
SECRETARY OF STATE

700 West Jefferson
PO Box 83720
Boise, Idaho 83720-0080
Telephone 208 334-2300
Facsimile 208 334-2282



STATE OF IDAHO
SECRETARY OF STATE

Corporations Division
208 334-2301
Uniform Commercial Code Division
208 334-3191
Facsimile 334-2847
Trademarks/Notaries Division
208 334-2300
Elections Division
208 334-2852
Legislative and Executive Affairs
208 334-2300
Fiscal Division
208 334-5355
Computer Services
208 334-5354

July 18, 1995

WILLIAM N CARTER D.D.S....
BAY POINTE DENTAL CENTER
7878 USTICK RD
BOISE ID 83704

RE: WILLIAM N. CARTER, D.D.S....File Number C 60294

Dear Mr. Carter:

Please find enclosed your recently submitted annual report for the 1995-1996 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 me at (208) 332-2816.

Very truly yours,

Tonya Herold
Corporate Division

Enclosures: cited

INSTRUCTIONS ON REVERSE SIDE

No. 60294	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1995	WILLIAM N CARTER D.D.S.
	1. Mailing Address - Please Correct If Not Correct	BAY POINTE DENTAL CENTER
	WILLIAM N. CARTER, D.D.S., PROF WILLIAM N. CARTER, D.D.S. BAY POINTE DENTAL CENTER 7878 USTICK ROAD BOISE ID 83704	7878 USTICK ROAD BOISE ID 83704 3. Incorporated Under The Laws of ID NO: 60294

4. Names and Addresses of Officers and Directors

Name	Street or P.O. Address	City	State	Postal Code
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President:

Secretary:

Directors:

5. Nature of Business

Dental

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	<i>William N. Carter</i>	Date	7-11-95
Name (Typed or Printed)	WILLIAM N CARTER	Title	pres