

No. <b>C 174704</b>		<b>Due no later than Aug 31, 2011</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>1. Mailing Address: Correct in this box if needed.</b>  OUR TOWN COMPLETE FAMILY DENTISTRY, PA W JASON CARTER 1850 W GOLF CT EAGLE ID 83616		W JASON CARTER 1850 W GOLF CT EAGLE ID 83616			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	1850 W. GOLF CT.	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: 06/21/2011 Title: President					
Processed 06/21/2011      * Electronically provided signatures are accepted as original signatures.							