Due no later than June 30, 2006

Annual Report Form

STATE
ERSON
20
ID 83720-0080

ING FEE IF
VED BY DUE DATE

1. Mailing Address - Correct in this box, if applicable

W. JASON CARTER DDS PLLC
1327 W OAKHAM DR
EAGLE, ID 83616

2. Registered Agent and Office NO PO BOX

W JASON CARTER
39 W IDAHO
WEISER, ID 83672

3. New Registered Agent Signature

ted Liability Companies: Enter Names and Addresses of Members.

e held	Name	Street or P.O. Address	City	State	Zip
MG MBER	W JASON CARTER	39 W IDAHO ST	WEISER	ID	83672

ized Under the Laws of:
IDAHO
W 24882

6.
Signature W Jason Carter Date 8/10/06

Name (Typed or Printed) W JASON CARTER Title MANAGING MEMBER

ed 04/03/2006

Do Not Tape or Staple

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