No. C 184421		Due no later than Sep 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. JUSTIN CARTER DDS, P.C. JUSTIN CARTER 1415 N 800 W PRESTON ID 83263		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					JUSTIN CARTER 1415 N 800 W PRESTON ID 83263 3. New Registered Agent Signature:*			
NO FILING I RECEIVED BY D	UE DATE	acc Addrassas of Pracid	ent, Secretary, and Directors. Tre	aasurer (o	intional)			
Office Held	Name	C33 Addi C33C3 Of 11 C3Idi	Street or PO Address	casarci (o	City	State	Country	Postal Code
SECRETARY PRESIDENT			1415 N 800 W 1415 N 800 W		PRESTON PRESTON	ID ID	USA USA	83263 83263
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
UT C 184421		Signature: Justin Carter			Date: 08/05/2016			
		Name (type or print): Justin Carter			Title: President			
Processed 08/05/2016		* Electronically provided	d signatures are accepted as orig	jinal signa	tures.			