

No. C 60294	Due no later than Jan 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CARTER DENTAL, P.A. ELIZABETH CARTER CARTER DENTAL PA 7878 USTICK ROAD STE 102 BOISE ID 83704		ELIZABETH CARTER CARTER DENTAL PA 7878 USTICK ROAD BOISE 83704				
						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	ELIZABETH C CARTER	7878 USTICK RD #102	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID C 60294		6. Annual Report must be signed.* Signature: Elizabeth Carter Name (type or print): Elizabeth Carter Date: 11/20/2014 Title: President					
Processed 11/20/2014 * Electronically provided signatures are accepted as original signatures.							