No. C 60294

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than January 31, 2006
Annual Report Form

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

WILLIAM N. CARTER, D.D.S., PROFESSI
WILLIAM N. CARTER, D.D.S.
BAY POINTE DENTAL CENTER
7878 USTICK ROAD STE 102
BOISE, ID 83704

2. Registered Agent and Office **NO PO BOX**

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

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
	William N Carter DDS. PA	7878 Ustick Ste 102	Boise	Id	83704

5. Organized Under the Laws of:

IDAHO
C 60294

6. Signature William N Carter DDS. PA Date 11/14/05

Name (Typed or Printed) William N CARTER Title Pres

Issued 11/01/2005

Do Not Tape or Staple

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