## ORIGINAL

CASE NAME	FILE/DOCKET NUMBER
The North Carolina Board of Dental Examiners	JUL - 6 20
	549930
Pursuant to Section 4.1 of the Commission's Rule the appearance of	of Practice, enter in the above proceeding
Source of several contractive for the respondent (	Complete items 1, 2, $4$ , and 5 below)
<ul> <li>counsel supporting the complaint (Complete it</li> </ul>	•
1. COUNSEL OR REPRESENTATIVE	2. RESPONDENTS
clude name, address and telephone of each	Include address and telephone numbers of all persons, partnerships,
Noel Allen Post Office Drawer 1270 Raleigh, NC 27602 919-755-0505	corporations, or associations Bobby White 507 Airport Boulevard, Suite 105 Morrisville, NC 27560 919-678-8223
	· ·
3. ASSOCIATE/ASSISTANT DIRECTOR	
. SIGNATURE OF SENIOR COUNSEL	5. DATE SIGNED
	7/6/2010