No. C 121255		Due no later than Oct 31, 2018	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	JEFF KLINE 2016 W PULLMAN RD STE C MOSCOW ID 83843				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.					
		FAMILY DENTAL CENTER OF MOSCOW, P.C. JEFF J KLINE 2016 W PULLMAN RD STE C					
		MOSCOW ID 83843	3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Ente	er Names and Busir	ness Addresses of President, Secretary, and Directors. Treasurer	(optional).				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JEFF J KLIN	IE 2016 W. PULLMAN RD	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 121255		Signature: jeff kline	[Date: 08/28/2018			
		Name (type or print): jeff kline	Т	Title: boss			
Processed 08/28/201	.8	* Electronically provided signatures are accepted as original sig	natures.				