

No. C110043

Annual Report Form

1996

Due No Later Than November 30,

2. Registered Agent and Office NOT A P.O. BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080
NO FEE REQUIRED

1. Mailing Address * Please Correct, If Not Correct

FAMILY DENTAL CENTER, P.A.
PATTI A BOWEN
523 S MAIN

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523 S MAIN

MOSCOW ID 83843

3. Organized Under the Laws of:

* FIRST NOTICE *

MOSCOW ID 83843

ID C110043

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held	Name	Street or P.O. Address	City -	State	Zip
Pres, VP, Treas, Dir	Patricia A Bowen	120 N Adams	Moscow	ID	83843
Sec, Dir	Joseph Bowen	✓	✓	✓	✓
Dir	Benjamin Bowen	✓	✓	✓	✓

5. NATURE OF BUSINESS

DENTISTRY

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature Patti A Bowen

Date 7/24/96

Name (Typed or Printed) Patti A Bowen

Title President

ISSUED: 07-06-1996

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