

Annual Report Form
Due No Later Than November 30, 1998

Return to:

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

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

FAMILY DENTAL CENTER OF MOSCOW

2016 W PULLMAN RD STE C

MOSCOW

ID 83843

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

JEFF KLINE

2016 W PULLMAN RD STE C

MOSCOW

ID 83843

3. Organized Under the Laws of:

ID

C121255

4. Corporations: Enter Names and Business 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

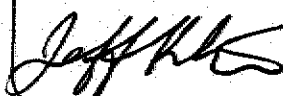
President JEFF Kline 2061 Conastoga St. MOSCOW ID 83843

Vice President " " " " "

Treasurer " " " " "

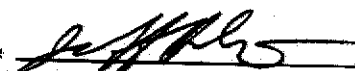
Secretary MARK MOORE 205 E. 5TH ST. MOSCOW, ID 83843

5. Signature of New Registered Agent



6.

Signature



Date

7/21/98

Name (Typed or Printed)

JEFF KLINE

Title

President

ISSUED: 07-03-1998

↓ DO NOT TAPE OR STAPLE ↓

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