

No. C121255	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX JEFF KLINE 2016 W PULLMAN RD STE C MOSCOW ID 83843																			
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		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)																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td><i>President</i></td> <td><i>Jeff Kline</i></td> <td><i>2016 W. Pullman Rd</i></td> <td><i>MOSCOW</i></td> <td><i>ID</i></td> <td><i>83843</i></td> </tr> <tr> <td><i>Secretary</i></td> <td><i>Diana Lukashenko</i></td> <td><i>2016 W. Pullman Rd</i></td> <td><i>MOSCOW</i></td> <td><i>ID</i></td> <td><i>83843</i></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	<i>President</i>	<i>Jeff Kline</i>	<i>2016 W. Pullman Rd</i>	<i>MOSCOW</i>	<i>ID</i>	<i>83843</i>	<i>Secretary</i>	<i>Diana Lukashenko</i>	<i>2016 W. Pullman Rd</i>	<i>MOSCOW</i>	<i>ID</i>	<i>83843</i>
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5. Signature of New Registered Agent		6.																				
		Signature <u><i>Jeff Kline</i></u> Date <u><i>8/16/99</i></u>																				
		Name (Typed or Printed) <u><i>Jeff Kline</i></u> Title <u><i>President</i></u>																				

ISSUED: 07-03-1999

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