

No. C 110043	Due no later than Apr 30, 2008 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. FAMILY DENTAL CENTER, P.A. BENJAMIN R BOWEN 619 S WASHINGTON ST STE 303 MOSCOW ID 83843	BENJAMIN R BOWEN 619 S WASHINGTON STE 303 MOSCOW ID 83843 3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	BENJAMIN R BOWEN	619 S WASHINGTON STE 303	Moscow	ID	USA	83843-8384
5. Organized Under the Laws of: ID C 110043	6. Annual Report must be signed.* Signature: Benjamin R Bowen D.D.S. Name (type or print): Benjamin R Bowen D.D.S.		Date: 05/30/2008 Title: President			
Processed 05/30/2008		* Electronically provided signatures are accepted as original signatures.				