

No. <b>C 110043</b>		<b>Due no later than Apr 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  MOSCOW FAMILY DENTISTRY, P.A. BENJAMIN R BOWEN 1215 6TH ST MOSCOW ID 83843		BENJAMIN R BOWEN 1215 6TH ST MOSCOW ID 83843			
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	1215 6TH ST	MOSCOW	ID	USA	83843-8384	
5. Organized Under the Laws of:  <b>ID</b> <b>C 110043</b>		6. Annual Report must be signed.*  Signature: Benjamin Bowen Name (type or print): Benjamin Bowen					
		Date: 02/21/2017 Title: owner/president					
Processed 02/21/2017      * Electronically provided signatures are accepted as original signatures.							