

No. C 110043		Due no later than Apr 30, 2017		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		Annual Report Form		BENJAMIN R BOWEN 1215 6TH ST MOSCOW ID 83843			
		1. Mailing Address: Correct in this box if needed. MOSCOW FAMILY DENTISTRY, P.A. BENJAMIN R BOWEN 1215 6TH ST 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	1215 6TH ST	MOSCOW	ID	USA	83843-8384	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 110043		Signature: Benjamin Bowen				Date: 02/21/2017	
		Name (type or print): Benjamin Bowen				Title: owner/president	
Processed 02/21/2017		* Electronically provided signatures are accepted as original signatures.					