

No. C 110043

Due no later than April 30, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

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

1. Mailing Address - Correct in this box, if applicable

FAMILY DENTAL CENTER, P.A.
BENJAMIN R BOWEN
619 S WASHINGTON ST STE 303
MOSCOW, ID 83843BENJAMIN R BOWEN
619 S WASHINGTON STE 303
MOSCOW, ID 83843
619 S WASHINGTON
MOSCOW, ID 83843NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Dr. Benjamin Bowen	619 S Washington #303	Moscow	ID	83843
Sec.					
Director					

5. Organized Under the Laws of:

IDAHO
C 110043

6.

Signature

Benjamin Bowen

Date

2/6/2007

Name (Typed or Printed)

BENJAMIN BOWEN

Title

President

Issued 02/01/2007

Do Not Tape or Staple

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