

No. C 121255	Due no later than 10/31/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		JEFF KLINE 2016 W PULLMAN RD STE C MOSCOW ID 83843	
	FAMILY DENTAL CENTER OF MOSCOW, P.C. 2016 W PULLMAN RD STE C MOSCOW ID 83843			
3. <u>New</u> Registered Agent Signature:				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.				
Office Held	Name	Street or PO Address	City	State Zip
President	Jeff Kline	2016 W. Pullman Rd	Moscow	ID 83843
Secretary	Dino Kline	"	"	"
5. Organized Under the Laws of:				
ID C 121255		6. Annual Report must be signed.		
		Signature: <u>Jeff Kline</u>		Date: <u>8/12/09</u>
		Name (type or print): <u>Jeff Kline</u>		Title: <u>President</u>