

No. C 110043

Due no later than Apr 30, 2003
Annual Report Form

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 applicable

FAMILY DENTAL CENTER, P.A.
PATTI A BOWEN
623 S MAIN

MOSCOW, ID 83843

2. Registered Agent and Office NO PO BOX

PATTI A BOWEN
623 S MAIN

MOSCOW, ID 83843

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES/DIR	Patricia A Bowen	120 N Adams	MOSCOW	ID	83843
VP/TPRAS	Joseph Bowen				
DIR					
Sec/Dir	Ben Bowen				

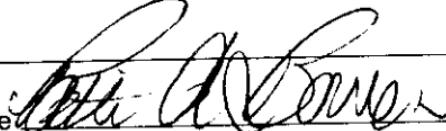
5. Organized Under the Laws of:

IDAHO

C 110043

6.

Signature



Date 2-18-03

Name (Typed or Printed)

Patricia A. Bowen

Title President