

No. C 110043

Due no later than April 30, 2006

## 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 83843NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

Office heldNameStreet or P.O. AddressCityStateZipPresidential,  
wicked-awesome,  
super-cool,  
unprecedented,  
Master chief.

Benjamin Bowen

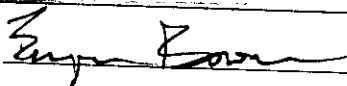
619 S. Washington Ste 303 Moscow ID 83843

5. Organized Under the Laws of:

IDAHO  
C 110043

6.

Signature



Date

5/8/06

Name

(Typed or  
Printed)

BENJAMIN BOWEN

Title

President (cert #4)

Issued 02/02/2006

Do Not Tape or Staple

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