


<b>No. C 110043</b>	<b>Due no later than Apr 30, 2001</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b> PATTI A BOWEN 623 S MAIN  MOSCOW, ID 83843		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address - Correct in this box, if applicable</b> FAMILY DENTAL CENTER, P.A. PATTI A BOWEN 623 S MAIN  MOSCOW, ID 83843		<b>3. New Registered Agent Signature</b>  		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>					
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b>					
<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 / TREAS	JOSEPH BOWEN	✓	✓	✓	✓
DIR					
SEC / DIR	BEN BOWEN	✓	✓	✓	✓
<b>5. Organized Under the Laws of:</b>  IDAHO C 110043		<b>6.</b> Signature  Name (Typed or Printed) PATRICIA A. BOWEN Date 4-13-01 Title: PRESIDENT <del>XXXX</del>			