

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