

No. C 110043		Due no later than Apr 30, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
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 needed. MOSCOW FAMILY DENTISTRY, P.A. BENJAMIN R BOWEN 1215 6TH ST MOSCOW ID 83843 USA		BENJAMIN R BOWEN 1215 6TH ST MOSCOW ID 83843			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BENJAMIN R BOWEN	1215 6TH ST	MOSCOW	ID	USA	83843-8384	
5. Organized Under the Laws of: ID C 110043		6. Annual Report must be signed.* Signature: Benjamin R Bowen Name (type or print): Benjamin R Bowen					
		Date: 02/21/2013 Title: President/owner					
Processed 02/21/2013 * Electronically provided signatures are accepted as original signatures.							