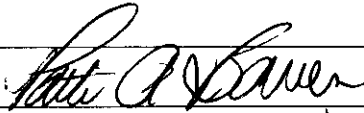


No. C 110043 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Apr 30, 2002 Annual Report Form <div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box, if applicable</div> 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. <u>New</u> 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/DIA	PATRICIA A BOWEN	120 N Adams	MOSCOW	ID	83843
VP/THAS	JOSEPH BOWEN	✓	✓	✓	✓
DIA					
SEC/DIA	BEN BOWEN	✓	✓	✓	✓

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 110043</div>	6. Signature  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Name <small>(Typed or Printed)</small> PATRICIA A BOWEN </div> <div style="width: 45%;"> Date 4-9-02 Title PRESIDENT </div> </div>
--	---