

No. C110043

Annual Report Form 1907

2 Registered Agent and Office NOT A P.O. BOX

Due No Later Than November 30.

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1 Mailing Address Please Correct, If Not Correct

FAMILY DENTAL CENTER, P.A.  
PATTI A BOWEN  
623 S MAIN

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MOSCOW ID 83843

3 Organized Under the Laws of

ID C110043

NO FEE REQUIRED

\* FIRST NOTICE \*

MOSCOW ID 83843

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors  
Limited Liability Companies: Enter Names and Addresses of  Managers or  Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Pres, V-P	Patricia A Bowen	120 N Adams	Moscow	ID	83843
Treas, Dir					
Sec, Dir	Joseph Bowen				
Dir	Benjamin Bowen				

5.

6. Signature Patricia A Bowen Date 7-31-97  
Name (Typed or Printed) Patricia A Bowen Title President

ISSUED: 07-04-1997

( DO NOT TAPE OR STAPLE )

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