

No. C110043	Annual Report Form 1997 Due No Later Than November 30.		2 Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FEE REQUIRED  ★ FIRST NOTICE ★	1 Mailing Address Please Correct, If Not Correct		PATTI A BOWEN 623 S MAIN  MOSCOW ID 83843
	FAMILY DENTAL CENTER, P.A. PATTI A BOWEN 623 S MAIN  MOSCOW ID 83843		3 Organized Under the Laws of  ID C110043

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 <u><i>Patricia A Bowen</i></u> Date <u>7-31-97</u> Name (Typed or Printed) <u>Patricia A Bowen</u> Title <u>President</u>

ISSUED: 07-04-1997

( DO NOT TAPE OR STAPLE )

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