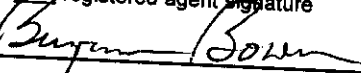



REINSTATEMENT

No. C 110043	Annual Report Form ADMIN DISSOLVED 07/08/2004		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 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable		PATTI A BOWEN Benjamin R. Bowen 629 S MAIN 619 S Washington St. Ste 303 MOSCOW, ID 83843																									
FAMILY DENTAL CENTER, P.A. PATTI A BOWEN Benjamin R. Bowen 629 S MAIN 619 S Washington St., Ste. 303 MOSCOW, ID 83843		3. New Registered agent signature 																										
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																												
<table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>(President)</td> <td>Benjamin R. Bowen</td> <td>619 S Washington St., Ste. 303</td> <td>Moscow</td> <td>ID</td> <td>83843</td> </tr> <tr> <td>(Secretary)</td> <td>Patti A. Bowen</td> <td>120 N Adams St.</td> <td>Moscow</td> <td>ID</td> <td>83843</td> </tr> <tr> <td>(Director)</td> <td>Benjamin R. Bowen</td> <td>619 S Washington St., Ste. 303</td> <td>Moscow</td> <td>ID</td> <td>83843</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	(President)	Benjamin R. Bowen	619 S Washington St., Ste. 303	Moscow	ID	83843	(Secretary)	Patti A. Bowen	120 N Adams St.	Moscow	ID	83843	(Director)	Benjamin R. Bowen	619 S Washington St., Ste. 303	Moscow	ID	83843
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5. Organized under the laws of: IDAHO C 110043		6. Signature  Name (Typed or Printed) <u>Patti A. Bowen</u> Date <u>9/16/05</u> Title <u>Sec.</u>																										

Issued 09/09/2005 by KDW