

REINSTATEMENT

No. C 110043	Annual Report Form						
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable		2. Registered Agent and Office NOT A P.O. BOX				
FEE DUE \$30.00	ADMIN DISSOLVED 07/08/2004 FAMILY DENTAL CENTER, P.A. PATTI A BOWEN Benjamin R. Bowen 629 S MAIN 619 S Washington St., Ste. 303 MOSCOW, ID 83843		PATTI A BOWEN Benjamin R. Bowen 629 S MAIN 619 S Washington St. Ste 303 MOSCOW, ID 83843				
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)						3. New registered agent signature <i>Benjamin R. Bowen</i>	
<u>Office held</u> (President) Benjamin R. Bowen	<u>Name</u> Benjamin R. Bowen	<u>Street or P.O. Address</u> 619 S Washington St., Ste. 303	<u>City</u> Moscow	<u>State</u> ID	<u>Zip</u> 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		
5. Organized under the laws of:		6. Signature <i>Patti A. Bowen</i>		Date <u>9/16/05</u>			
IDAHO C 110043		Name <small>(Typed or Printed)</small> <u>Patti A. Bowen</u>		Title <u>Sec.</u>			
Issued 09/09/2005 by KDW							