

No. C 110043		Due no later than Apr 30, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. FAMILY DENTAL CENTER, P.A. BENJAMIN R BOWEN 619 S WASHINGTON ST STE 303 MOSCOW ID 83843		BENJAMIN R BOWEN 619 S WASHINGTON STE 303 MOSCOW ID 83843			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BENJAMIN R BOWEN	619 S WASHINGTON STE 303	Moscow	ID	USA	83843-8384	
5. Organized Under the Laws of: ID C 110043		6. Annual Report must be signed.* Signature: Benjamin Bowen Name (type or print): Benjamin Bowen			Date: 02/17/2009 Title: President		
Processed 02/17/2009		* Electronically provided signatures are accepted as original signatures.					