

No. C 110043	Due no later than Apr 30, 2010 Annual Report Form		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	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: 02/15/2010 Title: President					
Processed 02/15/2010 * Electronically provided signatures are accepted as original signatures.							