44-33

Annual Report Form 1998
Due No Later Than November 30,

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

CHARLES J. MORRIS PROFESSION
CHARLES J. MORRIS
~~4199 WISTERIA WAY~~
2536 N. SILVERLEAF WAY
~~BOISE~~ MERIDIAN ID 83642 ~~83713~~

2. Registered Agent and Office NOT A P.O. BOX

DR. CHARLES J. MORRIS
~~4199 WISTERIA WAY~~
2536 N. SILVERLEAF WAY
~~BOISE~~ MERIDIAN ~~ID 83713~~ ID 83642

3. Organized Under the Laws of: ID C 44833

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.	CHARLES J. MORRIS, DDS.	2536 N. SILVERLEAF WAY,	MERIDIAN,	ID.	~~83713~~ 83642
SEC-TREAS	Lucille P. MORRIS	2536 N. SILVERLEAF WAY,	MERIDIAN,	ID.	83642

5. Signature of New Registered Agent

6. Signature Charles J. Morris, DDS Date 7-20-98
Name (Typed or Printed) CHARLES J. MORRIS DDS Title PRES.

ISSUED: 07-03-1998

25270

DO NOT TAPE OR STAPLE