No. <b>C 44833</b>		'	Due no later than Jan 31, 2015	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		DR. CHARLES	DR. CHARLES J. MORRIS			
		1. Mailing Address: Correct in this box if needed.  CHARLES J. MORRIS PROFESSIONAL CORPORATION CHARLES J. MORRIS 2536 N SILVERLEAF WAY MERIDIAN ID 83646 USA		2536 N SILVERLEAF WAY MERIDIAN 83646				
				3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Name	es and Busin	ess Addresses o	of President, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
	LUCILLE P MORRIS LUCILLE P MORRIS		2536 N.SILVERLEAF WAY NONE 2536 N.SILVERLEAF WAY NONE	MERIDIAN MERIDIAN ID.	ID ID	USA USA	83646 83646	
5. Organized Under the Laws of:		6. Annual Rep						
ID C 44833		Signature: o	charles j. morris	Date: 11/17/2014				
		Name (type	or print): charles j. morris	Title: pres.				
Processed 11/17/2014	* Electronically provided signatures are accepted as original signatures.							