No. C 145501		Due no later than Sep 30, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		STEPHEN A MORRIS DDS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	STEPHEN A	1. Mailing Address: Correct in this box if needed. STEPHEN A. MORRIS, D.D.S., M.S., P.C. STEPHEN A MORRIS 13905 W WAINWRIGHT DR BOISE ID 83713 USA		13905 W WAINWRIGHT DR BOISE ID 83713 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Corporations: Enter Names an	d Business Addresses	of President, Secretary, and Directors. Treasure	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	ELLE MORRIS HEN A MORRIS	13905 W WAINWRIGHT DR 13905 W WAINWRIGHT DR	BOISE BOISE	ID ID	USA USA	83713 83713	
5. Organized Under the Laws of:	6. Annual Rep	oort must be signed.*					
ID	Signature:	Signature: Stephen A Morris		Date: 08/15/2012			
C 145501	Name (type	Name (type or print): Stephen A Morris		Title: President			
Processed 08/15/2012	* Electronically	* Electronically provided signatures are accepted as original signatures.					