

No. C 44853	<b>Annual Report Form</b> 1995 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  DR. CHARLES J. MORRIS 1010 WALKER ST  BLACKFOOT ID 83221																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct  CHARLES J. MORRIS PROFESSION CHARLES J. MORRIS <del>1010 WALKER ST</del> 930 N. MAPLE GROVE #D206 BOISE ID. 83704 <del>BLACKFOOT ID 83221</del>		3. Organized Under the Laws of:  ID C 44933																								
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRES.</td> <td>CHARLES J. MORRIS</td> <td>930 N. MAPLE GROVE #D206</td> <td>Boise,</td> <td>IA</td> <td>83704</td> </tr> <tr> <td><del>SEC-TREAS</del></td> <td>LUCILLE P. MORRIS</td> <td>" " " " " "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>DIRECTOR</td> <td>FRANKLIN TRANSTRUM</td> <td>1198 E. WALKER</td> <td>BLACKFOOT,</td> <td>ID.</td> <td>83221</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRES.	CHARLES J. MORRIS	930 N. MAPLE GROVE #D206	Boise,	IA	83704	<del>SEC-TREAS</del>	LUCILLE P. MORRIS	" " " " " "	"	"	"	DIRECTOR	FRANKLIN TRANSTRUM	1198 E. WALKER	BLACKFOOT,	ID.	83221
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PRES.	CHARLES J. MORRIS	930 N. MAPLE GROVE #D206	Boise,	IA	83704																						
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DIRECTOR	FRANKLIN TRANSTRUM	1198 E. WALKER	BLACKFOOT,	ID.	83221																						
5. NATURE OF BUSINESS  DENTIST	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Charles J. Morris</u> Date <u>7-18-96</u> Name (Typed or Printed) <u>CHARLES J. MORRIS</u> Title <u>PRES.</u>																										

ISSUED: 07-06-1995

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