INSTRUCTIONS ON REVERSE SIDE

No. 44833

REINSTATEMENT

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

FORFEITED 12/1/94
FEE DUE: $20.00

Idaho Corporation Annual Report Form

Due No Later Than November 1,

1. Mailing Address — *Please Correct*

CHARLES J. MORRISSPROFESSIONAL CORPORATION
CHARLES J MORRIS
~~145 W IDAHO BOX 649~~ 1010 W WALKER ST.
BLACKFOOT ID 83221

2. Registered Agent and Office

DR. CHARLES J. MORRIS
~~BOX 649 145 W IDAHO~~ 1010 W WALKER
BLACKFOOT ID 83221

3. Incorporated Under The Laws of Idaho #44833

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	CHARLES J. MORRIS DDS	1010 WALKER ST.	BLACKFOOT	ID.	83221
Secretary:	Lucille P. MORRIS	" "	"	"	"
Directors:	CHARLES J. MORRIS	" "	"	"	"
	Lucille P. MORRIS	" "	"	"	"

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 Charles J. Morris DDS Date 9-18-95

Name (Typed or Printed) CHARLES J. MORRIS, DDS Title PRES.