

FILED EFFECTIVE

No. C 145501	Reinstatement Annual Report Form ADMIN DISSOLVED 12/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) STEPHEN A MORRIS DDS 140 E BOISE AVE STE B BOISE ID 83706																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. STEPHEN A. MORRIS, D.D.S., M.S., P.C. 140 E BOISE AVE STE B BOISE ID 83706		3. New Registered Agent Signature.																					
	4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>PRES</td><td>STEVEN A MORRIS</td><td>140 E BOISE AVE STE B</td><td>BOISE</td><td>ID</td><td></td><td>83706</td></tr><tr><td>SEC/TREAS</td><td>MICHELLE MORRIS</td><td>140 E BOISE AVE STE B</td><td>BOISE</td><td>ID</td><td></td><td>83706</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRES	STEVEN A MORRIS	140 E BOISE AVE STE B	BOISE	ID		83706	SEC/TREAS	MICHELLE MORRIS	140 E BOISE AVE STE B	BOISE	ID	
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5. Organized Under the Laws of: IDAHO C 145501	6. <table border="1"><tr><td>Signature: </td><td>Date: 12/18/09</td></tr><tr><td>Name (type or print): STEPHEN A. MORRIS</td><td>Title: President</td></tr></table>				Signature: 	Date: 12/18/09	Name (type or print): STEPHEN A. MORRIS	Title: President																
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Issued 12/18/2009 by KAH																								