

No. 044833	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1988	2. Registered Agent and Office  DR. CHARLES J. MORRIS BOX 549 · 145 W. IDAHO BLACKFOOT, IDAHO 83221																								
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b> RECEIVED SEC. OF STATE 09 JUL 18 AM 10 10		1. Mailing Address — Please Correct 044833  CHARLES J. MORRIS PROFESSIONAL C CHARLES J. MORRIS 145 W IDAHO BOX 549 BLACKFOOT, IDAHO 83221	3. Incorporated Under The Laws of STATE OF IDAHO JUL 27 1988																							
4. Names and Addresses of Officers and Directors																										
<table border="1"> <thead> <tr> <th data-bbox="46 385 198 436"></th> <th data-bbox="198 385 743 436"><u>Name</u></th> <th data-bbox="743 385 1123 436"><u>Street or P.O. Address</u></th> <th data-bbox="1123 385 1338 436"><u>City</u></th> <th data-bbox="1338 385 1470 436"><u>State</u></th> <th data-bbox="1470 385 1618 436"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="46 436 198 478">President:</td> <td data-bbox="198 436 743 478">CHARLES J. MORRIS, DDS.</td> <td data-bbox="743 436 1123 478">1010 WALKER ST.</td> <td data-bbox="1123 436 1338 478">BLACKFOOT</td> <td data-bbox="1338 436 1470 478">ID.</td> <td data-bbox="1470 436 1618 478">83221</td> </tr> <tr> <td data-bbox="46 478 198 521">Secretary:</td> <td data-bbox="198 478 743 521">LUCILLE P. MORRIS,</td> <td data-bbox="743 478 1123 521">" " "</td> <td data-bbox="1123 478 1338 521">"</td> <td data-bbox="1338 478 1470 521">"</td> <td data-bbox="1470 478 1618 521">"</td> </tr> <tr> <td data-bbox="46 521 198 563">Directors:</td> <td data-bbox="198 521 743 563">FRANKLIN TRANSTRUM, ADS.</td> <td data-bbox="743 521 1123 563">1198 WALKER ST.</td> <td data-bbox="1123 521 1338 563">"</td> <td data-bbox="1338 521 1470 563">"</td> <td data-bbox="1470 521 1618 563">"</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	CHARLES J. MORRIS, DDS.	1010 WALKER ST.	BLACKFOOT	ID.	83221	Secretary:	LUCILLE P. MORRIS,	" " "	"	"	"	Directors:	FRANKLIN TRANSTRUM, ADS.	1198 WALKER ST.	"	"	"
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5. Nature of Business  DENTISTRY	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, DDS</u> Date <u>7-15-88</u> Name (Typed or Printed) <u>CHARLES J. MORRIS, DDS.</u> Title <u>Pres.</u>																									