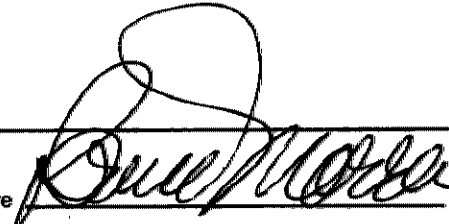


No. C106962	Annual Report Form <i>Due No Later Than November 30, 1999</i>		2. Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, if Not Correct MORRISON PROFESSIONAL ASSOCI BRUCE MORRISON DDS 6363 EMERALD STE 103 BOISE ID 83704		BRUCE MORRISON DDS 6363 EMERALD STE 103 BOISE ID 83704		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		3. Organized Under the Laws of: ID C106962			
Office held	Name	Street or P.O. Address	City	State	Zip
PRES/TREAS	BRUCE MORRISON	6363 EMERALD #103	BOISE	ID	83704
SECRETARY	CATHY MORRISON	6363 EMERALD #103	BOISE	ID	83704
5. Signature of New Registered Agent		6.  Signature _____ Date _____ Name (Typed or Printed) BRUCE MORRISON Title PRESIDENT			

ISSUED: 07-03-1999

22552