

No. <u>57184</u>  Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b> <i>Due No Later Than November 1, 1990</i> 1. Mailing Address — <i>Please Correct</i>  RICHARD E. MORRIS, D.D.S. P RICHARD E. MORRIS 1717 LINCOLN WAY  COEUR D'ALENE ID 83814	2. Registered Agent and Office  RICHARD E MORRIS D.D.S. 1717 LINCOLN WAY  COEUR D'ALENE ID 83814  3. Incorporated Under The Laws of ID  NO: 057184																				
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: <u>Richard Morris</u></td> <td><u>1717 Lincolnway</u></td> <td><u>Co'd</u></td> <td><u>Id</u></td> <td><u>83814</u></td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: <u>Richard Morris</u>	<u>1717 Lincolnway</u>	<u>Co'd</u>	<u>Id</u>	<u>83814</u>	Secretary:					Directors:				
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5. Nature of Business  <u>prt. orthodontic practice</u>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  <table border="1"> <tr> <td>Signature Name (Typed or Printed)</td> <td><u>Richard Morris</u></td> <td>Date</td> <td><u>7/9/90</u></td> </tr> <tr> <td></td> <td></td> <td>Title</td> <td></td> </tr> </table>		Signature Name (Typed or Printed)	<u>Richard Morris</u>	Date	<u>7/9/90</u>			Title													
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