


No. C106962	Annual Report Form 1998 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX BRUCE MORRISON DDS 6363 EMERALD STE 103 BOISE ID 83704		
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		3. Organized Under the Laws of: ID C106962		
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)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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. <div style="display: flex; align-items: center;"> <div style="flex: 1;">  Signature Name (Typed or Printed) </div> <div style="flex: 1;"> Date <u>8/31/98</u> Title <u>PRESIDENT</u> </div> </div>			

ISSUED: 07-03-1998

(DO NOT TAPE OR STAPLE)

21604