

No. C106962

Annual Report Form 1997  
Due No Later Than November 30,

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**

1. Mailing Address - Please Correct, If Not Correct  
MORRISON PROFESSIONAL ASSOCI  
BRUCE MORRISON DDS  
6363 EMERALD STE 103  
BOISE ID 83704

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6363 EMERALD STE 103  
BOISE ID 83704


3. Organized Under the Laws of:  
ID C106962

\* FIRST NOTICE \*

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of  Managers or  Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Pres/Treas.	BRUCE MORRISON, DDS	6363 Emerald	Boise	ID	83704
Secretary	Cathy Morrison	6363 Emerald	Boise	ID	83704

5.

6. Signature  Date 7/14/97  
Name (Typed or Printed) Bruce Morrison, DDS Title President

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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