

No. C106962	Annual Report Form 1996 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 * 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 3. Organized Under the Laws of: ID C106962																		
4. Corporations: Enter Names and 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) <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td><i>President</i></td> <td><i>BRUCE MORRISON</i></td> <td><i>6363 Emerald</i></td> <td><i>Boise</i></td> <td><i>ID</i></td> <td><i>83704</i></td> </tr> <tr> <td><i>Secy</i></td> <td><i>CATHERINE E. MORRISON</i></td> <td><i>11650 CARTWRIGHT RD</i></td> <td><i>BOISE</i></td> <td><i>ID</i></td> <td><i>83703</i></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<i>President</i>	<i>BRUCE MORRISON</i>	<i>6363 Emerald</i>	<i>Boise</i>	<i>ID</i>	<i>83704</i>	<i>Secy</i>	<i>CATHERINE E. MORRISON</i>	<i>11650 CARTWRIGHT RD</i>	<i>BOISE</i>	<i>ID</i>	<i>83703</i>
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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><i>Bruce Morrison</i></u> Date <u><i>7/15/96</i></u> Name (Typed or Printed) <u><i>BRUCE MORRISON</i></u> Title <u><i>PRES</i></u>																				

ISSUED: 07-06-1996

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