

|   |   |  |   |
|---|---|--|---|
| No. C105962   | Annual Report Form 1996<br>Due No Later Than November 30, |  | 2. Registered Agent and Office NOT A P.O. BOX |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>NO FEE REQUIRED | 1. Mailing Address - Please Correct, If Not Correct       | BRUCE MORRISON DDS<br>6363 EMERALD STE 103<br>BOISE ID 83704 |   |
| * FIRST NOTICE *  | BOISE ID 83704  | 3. Organized Under the Laws of:<br><br>ID C106952            |   |

4. Corporations: Enter Names and 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   |
|-------------|-----------------------|------------------------|-------|-------|-------|
| President   | BRUCE MORRISON        | 6363 Emerald           | Boise | Id    | 83704 |
| Secretary   | CATHERINE E. MORRISON | 11650 CARTWRIGHT RD    | BOISE | Id    | 83703 |

|  |   |  |  |
|--|---|--|--|
| 5. NATURE OF BUSINESS<br><br>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.<br>Signature <u>Bruce Morrison</u> Date <u>7/15/96</u><br>Name (Typed or Printed) <u>BRUCE MORRISON</u> Title <u>PRES</u> |  |  |
|--|---|--|--|

ISSUED: 07-06-1996

19599