| No. C 170249 | | Due no later than Dec 31, 2008 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------------|--|--|--------------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | 2225 601 571 | BART B MORRISON DDS MS 3335 SOUTH HOLMES AVE IDAHO FALLS ID 83404 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. MORRISON ENDODONTICS P.C. BART B MORRISON DDS MS 3335 SOUTH HOLMES AVE IDAHO FALLS ID 83404 | | IDAHO FALLS | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Na | mes and Busin | ess Addresses of | President, Secretary, and Directors. Tre | asurer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT BART B MORRISON | | RRISON | 3335 S HOLMES | IDAHO FALLS | ID | USA | 83404 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Lisa Nolan | | [| Date: 10/23/2008 | | | |
| C 170249 | | Name (type or print): Lisa Nolan | | ٦ | Title: Cpa | | | |
| Processed 10/23/2008 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |