No. C 170249	D	Due no later than Dec 31, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CLINT TAVENNER				
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.		1000 RIVERWALK STE 100 IDAHO FALLS ID 83402				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MORRISON ENDODONTICS P.C. BART B MORRISON DDS MS PO BOX 51330							
	IDAHO FALLS ID 83405-1330		3	3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	110 110 11							
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held Name		Street or PO Address		City	State	Country	Postal Code	
PRESIDENT BART B MORRISON 3335 S HOLMES		3335 S HOLMES		IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: 6. Annual Report must be signed.*								
ID	Signature: Clint Tavenner			Date: 11/06/2017				
C 170249	C 170249 Name (type or print): Clint Tavenner			Title: CPA				
Processed 11/06/2017	* Electronically p	* Electronically provided signatures are accepted as original signatures.						