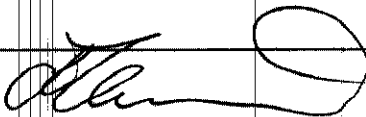


No. C 70529	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct A. R. NEUENSCHWANDER, M.D., A.R. NEUENSCHWANDER, M.D. 4809 FAIRVIEW AVE BOISE ID 83706		A. R. NEUENSCHWANDER, M.D. 4809 FAIRVIEW AVE BOISE ID 83706 3. Organized Under the Laws of: ID C 70529	
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)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
PRES.	A.R. Neuenschwander			
5. <u>New</u> Registered Agent Signature	6. Signature  Date <u>11-12-99</u> Name (Typed or Printed) <u>A.R. Neuenschwander</u> Title _____			

ISSUED: 10-01-1999

9373