

Annual Report Form

Due No Later Than November 30,

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

CLINICAL MANAGEMENT SERVICES
 CRAIG ALAN SINKINSON
 2988 FRUITVALE GLENDALE RD

FRUITVALE

ID 83620

2. Registered Agent and Office **NOT A P.O. BOX**

CRAIG ALAN SINKINSON
 2988 FRUITVALE GLENDALE
 FRUITVALE ID 83620

3. Organized Under the Laws of:

ID C113746

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)

Office heldNameStreet or P.O. AddressCityStateZip

President	Craig A. Sinkinson, M.D.	PO Box 2002	McCall, ID	83638
V-Pres	Marilee J. Kuracina, M.D.	PO Box 2002	McCall, ID	83638
Sec-Treas	Sandy Niehm	PO Box 508	Council, ID	83612

5. Signature of New Registered Agent

6.

Signature

Name

(Typed or Printed)

Craig A. Sinkinson
 Craig A. Sinkinson, MD

Date

11/10/98

Title

President

~~ISSUED: 07-03-1998~~

14386

DO NOT TAPE OR STAPLE