




No. C 67213	<b>Annual Report Form 1996</b> 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  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  ROGER H. TALL, M.D., P.A. TETON MEDICAL SPECIALTY C 2001 SOUTH WOODRUFF #8  IDAHO FALLS ID 83404		ROGER H. TALL, M.D. 2001 SOUTH WOODRUFF #8  IDAHO FALLS ID 83404  3. Organized Under the Laws of:  ID C 67213																			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																						
<table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>ROGER TALL MD</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SECRETARY</td> <td>MARY KAY TALL</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	ROGER TALL MD					SECRETARY	MARY KAY TALL				
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PRESIDENT	ROGER TALL MD																					
SECRETARY	MARY KAY TALL																					
5. NATURE OF BUSINESS  UROLOGY	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true. <table border="0"> <tr> <td>Signature </td> <td>Date <u>7/15/96</u></td> </tr> <tr> <td>Name (Typed or Printed)            Roger H. Tall, M.D.            Teton Medical Specialty Center            2001 South Woodruff, Ste. 8            Idaho Falls, Idaho 83404         </td> <td>Title _____</td> </tr> </table>				Signature 	Date <u>7/15/96</u>	Name (Typed or Printed) Roger H. Tall, M.D. Teton Medical Specialty Center 2001 South Woodruff, Ste. 8 Idaho Falls, Idaho 83404	Title _____														
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ISSUED: 07-06-1996

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