

No.

C 90009

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

WESTERN MONTANA CLINIC, P.C.

PO BOX 7009

MISSOULA

MT 59807

~~JOHN A. ELLIS~~ Ron Baldwin

805 MAIN

SALMON

ID 83457

3. Organized Under the Laws of:

MT

C 96659

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

See attached

5. Signature of New Registered Agent



6.

Signature



Date

July 15, 1998

Name

(Typed or
Printed)

JH Roberts, MD

Title

President

3424

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE ↓

Office Held	Name	Address	City	State	Zip
President	TH Roberts, MD	P O Box 7609	Missoula	MT	59807
Vice President	NF Vasquez, MD	P O Box 7609	Missoula	MT	59807
Secretary	CJ Swannack, MD	P O Box 7609	Missoula	MT	59807
	MD Cheatle, MD	P O Box 7609	Missoula	MT	59807
	W Bekemeyer, MD	P O Box 7609	Missoula	MT	59807
	RD Marks, MD	P O Box 7609	Missoula	MT	59807
	V Knudsen, MD	P O Box 7609	Missoula	MT	59807