

No. C 73046

Annual Report Form

Due No Later Than November 30, 1997

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

1 Mailing Address Please Correct, If Not Correct

MICHAEL K. PARENT, M.D., P.A.
MICHAEL K. PARENT
307 ST. JOHN'S WAY

MICHAEL K. PARENT
307 ST. JOHN'S WAY

LEWISTON ID 83501

3. Organized Under the Laws of

* FIRST NOTICE *

LEWISTON

ID 83501

ID

C 73046

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 MICHAEL 307 St JOHN'S WAY Lewiston Idaho 83501
Secretary NANCY COWGER 307 St JOHN'S WAY Lewiston Idaho 83501

5.

6.

Signature Michael K Parent Date 8/7/97
Name (Typed or Printed) MICHAEL K PARENT Title PRESIDENT

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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