




No. 90843	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1993		DAVID F. AUSTIN, M.D. 2680 CHANNING WAY																									
	1. Mailing Address: IDAHO ENT, P.A. DAVID F. AUSTIN, M.D. 2680 CHANNING WAY IDAHO FALLS ID 83402		IDAHO FALLS ID 83402 3. Incorporated Under The Laws of ID NO: 90843																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>DAVID F. AUSTIN, MD</td> <td>125 W. 16th</td> <td>Idaho Falls, ID</td> <td></td> <td>83402</td> </tr> <tr> <td>Secretary:</td> <td>LINDA C. AUSTIN, RN</td> <td>125 W. 16th</td> <td>Idaho Falls, ID</td> <td></td> <td>83402</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	DAVID F. AUSTIN, MD	125 W. 16th	Idaho Falls, ID		83402	Secretary:	LINDA C. AUSTIN, RN	125 W. 16th	Idaho Falls, ID		83402	Directors:					
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Directors:																												
5. Nature of Business Medical Office		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature </td> <td>Date 7/12/93</td> </tr> <tr> <td>Name (Typed or Printed) David F. Austin, MD</td> <td>Title President/Owner</td> </tr> </table>			Signature 	Date 7/12/93	Name (Typed or Printed) David F. Austin, MD	Title President/Owner																				
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