

No. C 58553	Annual Report Form Due No Later Than November 30, 1997	2. Registered Agent and Office: NOT A P.O. BOX WAYNE E. WRIGHT 526 SHOUP AVENUE WEST TWIN FALLS ID 83301
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 WAYNE E. WRIGHT, M.D., P.A. WAYNE E. WRIGHT 526 SHOUP AVENUE WEST TWIN FALLS ID 83301	3. Organized Under the Laws of: ID C 58553
* FIRST NOTICE *		
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)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
President	WAYNE WRIGHT	3723 N 2700E
Sec/Treas	Joanne Wright	3723 N. 2700E
<u>City</u>	<u>State</u>	<u>Zip</u>
TWIN FALLS	ID	83301
TWIN FALLS	ID	83301
5.		
6.		
Signature <u>Joanne Wright</u>		Date <u>9-11-97</u>
Name (Typed or Printed) <u>JOANNE WRIGHT</u>		Title <u>Sec.</u>

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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