Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080  * FIRST NOTICE * NO FEE REQUIRED  A. Names and Addresses of Officers and Directors  Name  Street or P.O. Address  Name  Street or P.O. Address  Name  Street or P.O. Address  City  State  Zip  President:  STANLEY B. LEIS D.P.M.  1070 N. CURTIS ROAD  STE. 115  BOISE  ID 83706  3. Incorporated Under The Laws of ID NO: 94077  3. Incorporated Under The Laws of ID NO: 94077  4. Names and Addresses of Officers and Directors  Name  Street or P.O. Address  City  State  Zip  President:  STANLEY B. LEIS D.P.M.  1070 N. CURTIS ROAD  BOISE  ID 83706  State  Zip  President:  STANLEY B. LEIS D.P.M.  1070 N. CURTIS ROAD  BOISE  ID 83706  BOISE  ID 83706  State  Zip  President:  STANLEY B. LEIS D.P.M.  1070 N. CURTIS ROAD  BOISE  ID 83706  BOISE  ID 83706		ROBERT AND THE	1 (4) (1 (A) (1 (A)		<u>:                                    </u>	
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* FIRST NOTICE * STE. 115 NO FEE REQUIRED SOISE ID 83706  * Name Street or P.O. Address  President: STANLEY B. LEIS, D.P.M. 1070 N. CURTIS ROAD  Secretary: REBECCA A. SMILEY-LEIS, D.P.M. "  3. Incorporated Under The Laws of ID NO: 94077  **NO. 10 NO: 94077  **MOST SE PRINT STANLEY B. LEIS, D.P.M. 1070 N. CURTIS ROAD BOISE ID 83706  Secretary: REBECCA A. SMILEY-LEIS, D.P.M. "  ""  ""  ""  ""  ""  ""  ""  ""  ""	Secretary of State Room 203, Statehouse					
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	Secretary: REBECCA A					
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Awar nament and namentate	5. Nature of Business	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge				
OFFICE Signature Signature Date 8-24-94	PODIATRIC (MEDICAL) OFFICE	Signature C	2000		Date 8-24	-94
Name (Typed or STANLEY B. LEIS, D.P.M. Title PRESIDENT		Name (Typed or Printed)	STANLEY B. LEIS, D.	.P.M.	Title PRESID	ENT /