

C101189

Annual Report Form  
Due No Later Than November 30,

1995

NOT POST BOX

## 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

TWIN FALLS CLINIC PHYSICIANS  
MARLEY JACKMAN  
666 SHOSHONE ST E

TWIN FALLS ID 83301

MARLEY JACKMAN  
666 SHOSHONE ST E

TWIN FALLS ID 83301

## 3. Organized Under the Laws of:

ID C101189

## 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 held	Name	Street or P.O. Address	City	State	Zip
CHAIRMAN	ROBERT S. LOBB, M.D.	660 SHOSHONE ST. E.	TWIN FALLS	ID	83301
VICE CHAIRMAN	JOHN L. SHUSS, M.D.	660 SHOSHONE ST. E.	TWIN FALLS	ID	83301
SECRETARY	ROBERT M. WARD, M.D.	660 SHOSHONE ST. E.	TWIN FALLS	ID	83301
DIRECTOR	HOWARD B. SCHAFF, M.D.	660 SHOSHONE ST. E.	TWIN FALLS,	ID	83301

## 5. Signature of New Registered Agent

6.

Signature



Date

10-28-98

Name (Typed or Printed)

Robert S. LOBB

Title

CHAIRMAN

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

3893