

No. C105193

Annual Report Form

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

TWIN FALLS CLINIC & HOSPITAL
BRENT BODILY
PO BOX 1233

BRENT BODILY
666 SHOSHONE ST E

TWIN FALLS ID 83303 1

3. Organized Under the Laws of:

ID C105193

* FIRST NOTICE *

TWIN FALLS ID 83303 1233

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

PRESIDENT	DAVID M. SPRITZER,	660 SHOSHONE ST. E.	TWIN FALLS	ID	83301
VICE PRESIDENT	GARY GARNAND,	660 SHOSHONE ST. E.	TWIN FALLS	ID	83301
SEC. TREASURER	BRIAN WELCH,	660 SHOSHONE ST. E.	TWIN FALLS	ID	83301

5.

6.

Signature



Date

11-24-97

DAVID M. SPRITZER PRESIDENT