Due No Leter Than November 1, 1987 Secretary of State Room 203, Statehouse Boise, ID 83720 Due No Leter Than November 1, 1987 ANNE R. CURRAN 4227 TIO LANE NAMPA IDAHC FOR CURRAN M.D. PROFESSION 3. Incorporated Under The Laws	lo. 055049	Idaho Corporation Annual Report Form	2. Registered Agent and Office
RECEIVED J. ROGER CURRAN, M.O. PROFESSION 83651 J. ROGER CURRAN M.O. PROFESSION 83651 STATE OF IDAHO 83651 Name Street or PO. Address President: Secretary: ANNE R. CURRAN M.D. 4227 770 LN. NAMPA TD. 8360 Directors: On the president of the best of my knowledge true, correct and complete. Nature of Business MEDICAL PRACTICE Signature Connection Rule Report has been examined by me and is to the best of my knowledge true, correct and complete. Name President Rule Report has been examined by me and is to the best of my knowledge true, correct and complete. Nature of Business MEDICAL PRACTICE Signature Connection Rule Report has been examined by me and is to the best of my knowledge true, correct and complete. Name President Rule Report has been examined by me and is to the best of my knowledge true, correct and complete. Name President Rule Rule Rule Rule Rule Rule Rule Rule		Due No Later Than November 1, 1 987	ANNE R. CURRAN
Names and Addresses of Offices and Directors Name Name Street or PO. Address City State Zip President: Secretary: ANNE R. CURRAN Directors: Nature of Business 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. MEDICAL PRACTICE Signature Name (President) Signature ANNE R. CURRAN Title Corp. Society Total Socie	Secretary of State Room 203, Statehouse	* P.A. US	MAMOA TONLE
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Name Street or P.O. Address City State Zip President: Secretary: ANNIE R. CURRAN Directors: 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. MEDICAL PRACTICE Signature Name Street or P.O. Address City State Zip NAMPA TD. 8-36 Name President: Directors: 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. MEDICAL PRACTICE Signature Name President: Name	RECEIVED	NAMPA. IDAHO	of JUL 14 15
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President: N. ROGER CURRAN M.D. 4227 17820. NAMPA D. 0.36 Secretary: ANNE R. CURRAN Directors: Nature of Business 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. MEDICAL PRACTICE Signature Name (Typed or ANNE R. CURRAN) Title Corp. Secretary.	F1 174 3 ==	••	<u>City</u> <u>State</u> <u>Zip</u>
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