

No. C 59941

Annual Report Form
Due No Later Than November 30, 1997

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

CHARLES B. GREENE, M.D., A.P.
CHARLES B. GREENE, M.D.
547 RIDGE DRIVE

2. Registered Agent and Office **NOT A P.O. BOX**

CHARLES B. GREENE, M.D.
547 RIDGE DRIVE

NAMPA ID 83651

3. Organized Under the Laws of

* FIRST NOTICE *

NAMPA

ID 83651

ID C 59941

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
Treasurer

Charles B. Greene m.p.

as above

as above

5.

6.

Signature

Charles B. Greene m.p.

Date 7/15

Name (Typed or
Printed)

CHARLES B. GREENE M.P.

Title President

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

16141

C