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| No. C 59941 | Annual Report Form Due No Later Than November 30, 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 CHARLES B. GREENE, M.D., A P CHARLES B. GREENE, M.D. 547 RIDGE DRIVE | | CHARLES B. GREENE, M.D. 547 RIDGE DRIVE NAMP A ID 83651 |
| * FIRST NOTICE * | | | 3. Organized Under the Laws of |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) | | | |
| Office held <i>President</i> <i>Treasurer</i> | Name <i>Charles B. Greene m d</i> | Street or P.O. Address <i>as above</i> | City State Zip <i>as above</i> |
| 5. | | 6. Signature <i>Charles B. Greene m d</i> Date <i>7/15</i> Name (Typed or Printed) <i>CHARLES B. GREENE M D</i> Title <i>President</i> | |

ISSUED: 07-04-1997 ↓ DO NOT TAPE OR STAPLE ↓ 16141