

No. 70421	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 30, 1975	CHARLES R. FALTER PRIEST RIVER MEDICAL CLINIC 219 MAIN ST PRIEST RIVER ID: 83856
	1. Mailing Address - Please Correct if Not Correct CHARLES R. FALTER, D.O., P.A. CHARLES R FALTER BOX 729	3. Incorporated Under The Laws of ID NO: 70421
	PRIEST RIVER ID 83856	

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	CHARLES R. FALTER, D.O.	219 MAIN ST.	POB 729	PRIEST RIVER	ID 83856
Secretary:					
Directors:					

5. Nature of Business

FAMILY MEDICINE

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

CHARLES R. FALTER, D.O.

Date

Title

PRESIDENT