

No. C110182	Annual Report Form 1999 <i>Due No Later Than November 30,</i>																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct TIMOTHY A. WELEBIR, M.D., P. TIMOTHY A WELEBIR, M.D. 222 N 2ND ST, STE 208 BOISE ID 83702 2. Registered Agent and Office NOT A P.O. BOX TIMOTHY A WELEBIR, M.D. 222 N 2ND ST, STE 208 BOISE ID 83702 3. Organized Under the Laws of: ID C110182																			
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) <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>TIMOTHY A. WELEBIR, M.D.</td> <td>222 N. 2nd St Suite 208</td> <td>Boise, ID</td> <td>83702</td> <td></td> </tr> <tr> <td>Secretary</td> <td>TIMOTHY A. WELEBIR, M.D.</td> <td>222 N. 2nd St Suite 208</td> <td>Boise, ID</td> <td>83702</td> <td></td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	TIMOTHY A. WELEBIR, M.D.	222 N. 2nd St Suite 208	Boise, ID	83702		Secretary	TIMOTHY A. WELEBIR, M.D.	222 N. 2nd St Suite 208	Boise, ID	83702	
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5. Signature of New Registered Agent	6. Signature <u><i>Timothy A. Welebir M.D.</i></u> Date <u>7/20/99</u> Name (Typed or Printed) <u>Timothy A. Welebir M.D.</u> Title <u>President</u>																			

ISSUED: 07-03-1999

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