No. C100298

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

** FINAL NOTICE **

1. Mailing Address - Please Correct, If Not Correct

JOHN M. LIVINGSTON, M.D., P. 1015 ONE CAPITAL CENTER
JOHN M LIVINGSTON, M.D.
999 N CURTIS RD STE 415
BOISE ID 83706

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

DALE G HIGER
999 MAIN ST
BOISE ID 83702

3. Organized Under the Laws of: ID C100298

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	John M. Livingston M.D.	999 N. Curtis Ste 415	Boise	Idaho	83706
Secretary-Treasurer	Linda Livingston	999 N. Curtis Ste 415	Boise	Idaho	83706

5.

6. Signature _____ Date 10/15/97

Name (Typed or Printed) John M. Livingston MD Title _____

ISSUED: 10-04-1997

DO NOT TAPE OR STAPLE

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