

No. C108599	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  * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		DAVE MASUDA M.D. 520 N 3RD	
	BONNER HEALTH NETWORK INC. DAVE MASUDA M.D. 520 N 3RD		SANDPOINT ID 83864	
	SANDPOINT ID 83864		3. Organized Under the Laws of:  ID C108599	

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	Dave Masuda, MD	PO Box 1448	Sandpoint	ID	83864
V.P.	Gene Tonnt	PO Box 1448	Sandpoint	ID	83864
Sec'y/Treas.	Tom Lawrence, MD	1327 Superior	Sandpoint	ID	83864

5. \_\_\_\_\_

6. Signature *D Masuda* Date 9/17/97  
 Name (Typed or Printed) Dave Masuda, MD Title Pres.

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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