

No. C114052

Annual Report Form

1996

Due No Later Than November 30,

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

WILDERNESS EMERGENCY MEDICINE

LUANNE HALLAGAN

PO BOX 1442

PO Box 2235

IDAHO FALLS

ID 83403

LUANNE HALLAGAN
3100 CHANNING WAY
EMERGENCY DEPT
IDAHO FALLS ID 83403

3. Organized Under the Laws of:

ID

C114052

4. Corporations: Enter Names and 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:	Luanne Hallagan	P.O. Box 1442	Idaho Falls	Idaho	83403
Secretary:	Luanne Hallagan	P.O. Box 1442	Idaho Falls	Idaho	83403
Director:	Luanne Hallagan	P.O. Box 1442	Idaho Falls	Idaho	83403

5. NATURE OF BUSINESS

MEDICAL PRACTICE

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

Date

10/3/96

Name

(Typed or Printed)

Luanne Hallagan

Title

President

ISSUED: 07-06-1996

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