

No. <b>C108321</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>GEORGE J ULLRICH, M.D.</b> <b>1038 DAVIDSON AVE STE A</b>  <b>COEUR D'ALEN ID 83814</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>NORTHWEST PSYCHIATRIC ASSOCI</b> <b>GEORGE J ULLRICH, M.D.</b> <b>PO BOX 1356</b>	3. Organized Under the Laws of:  <b>ID</b> <b>C108321</b>
<b>* FIRST NOTICE *</b> <b>COEUR D'ALENE ID 83816</b>		
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)		
<u>Office held</u> President Secretary/Treasurer  (No Directors)	<u>Name</u> George J. Ullrich, M.D. Jami L. Sturges-Ullrich	<u>Street or P.O. Address</u> P.O. Box 1356 P.O. Box 1356
	<u>City</u> Coeur d'Alene Coeur d'Alene	<u>State</u> Idaho Idaho
		<u>Zip</u> 83816 83816
5. <b>NATURE OF BUSINESS</b>  <b>MEDICAL COUNSELING</b>	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 <u>Jami L. Sturges-Ullrich</u> Date <u>July 29, 1996</u> Name (Typed or Printed) <u>Jami L. Sturges-Ullrich</u> Title <u>Secretary/Treasurer</u>	

ISSUED: 07-06-1996

25621