

No. C 56192	Due no later than Aug 31, 2000 Annual Report Form	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable ROBERT C. BURTON, M.D., P.A. ROBERT C. BURTON, M.D. 6030 W EMERALD BOISE, ID 83704	
NO FILING FEE IF RECEIVED BY DUE DATE	2. Registered Agent and Office NO PO BOX ROBERT C. BURTON, M.D. 999 NORTH CURTIS ROAD BOISE, ID 83706	
3. New Registered Agent Signature		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors		
<u>Office held</u> <u>Name</u> President Robert C. Burton, MD	<u>Street or P.O. Address</u> 6030 W. Emerald	<u>City</u> Boise, Idaho
		<u>State</u> 83704
<u>Zip</u>		
<u>Secretary</u> Diana Burton	<u>6030</u>	<u>"</u>
DIRECTORS: Robert C. Burton MD " Diana Burton "		
5. Organized Under the Laws of: IDAHO C 56192		
6. Signature <u>Robert C. Burton, MD</u> Date _____ Name (Typed or Printed) <u>Robert C. Burton, MD</u> Title _____ <input checked="" type="checkbox"/> President		

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Do Not Tape or Staple

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