


NO. C 54435	Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P.O. BOX LYNN C. MC GLOTHIN, M.D. 333 NO. 1ST. #240 BOISE ID 83702																			
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 LYNN C. MCGLOTHIN, M.D., PRO LYNN C. MCGLOTHIN, M.D. 333 NORTH FIRST, #240 BOISE ID 83702		3. Organized Under the Laws of: ID C 54435																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"><u>Office held</u></th> <th style="width: 30%;"><u>Name</u></th> <th style="width: 30%;"><u>Street or P.O. Address</u></th> <th style="width: 10%;"><u>City</u></th> <th style="width: 10%;"><u>State</u></th> <th style="width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Lynn C. McGlothlin</td> <td>2543 Beverly</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>Sec</td> <td>Patricia J. McGlothlin</td> <td>2543 Beverly</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres	Lynn C. McGlothlin	2543 Beverly	Boise	ID	83709	Sec	Patricia J. McGlothlin	2543 Beverly	Boise	ID	83709
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5.		6.																				
		Signature <u></u> Date <u>7/31/97</u>																				
		Name (Typed or Printed) <u>Lynn C. McGlothlin MD</u> Title <u>PRES</u>																				

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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