

No. C 55998

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

WILLIAM C. OWENS, M.D., P.A.
WILLIAM C. OWENS
6016 EMERALD ST.WILLIAM CHASE OWENS, M.D.
6016 EMERALD ST.

BOISE IDAHO ID 83704

3. Organized Under the Laws of:

ID C 55998

4. Corporations: Enter Names and Addresses of President, Secretary and Directors.

Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	William C. Owens	6016 Emerald	Boise	Id	83704
Secretary	Karen J. Newby	6016 Emerald	Boise	Id	83704
Directors	William C. Owens	6016 Emerald	Boise	Id	83704

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 8/14/96

Name (Typed or Printed) William C. Owens Title President

ISSUED: 07-06-1996

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