

Annual Report Form

1998

Due No Later Than November 30,

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

MICHAEL E. ESTESS, M.D., CHA

1471 SHORELINE DR STE 119

BOISE

ID 83702

2. Registered Agent and Office NOT A P.O. BOX

MICHAEL E. ESTESS, MD
 1471 SHORELINE DRIVE

BOISE

ID 83702

3. Organized Under the Laws of:

ID

C 52954

4. Corporations: Enter Names and Business 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 & Owner	Michael E. Estess, M.D.	1471 Shoreline Drive Suite 119	Boise	Idaho	83702
Secretary	Sally A. Jefferies	1471 Shoreline Drive Suite 119	Boise	Idaho	

5. Signature of New Registered Agent

6.

Signature



Date

7/17/98

Name (Typed or Printed)

Michael E. Estess, M.D.

Title

Owner

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

20246