

No. C 65631

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

1. Mailing Address - Please Correct, If Not Correct

R. K. ARBON, M.D., P.A.
R.K. ARBON, M.D.
2860 CHANNING WAY, SUITE 16R.K. ARBON, M.D.
2860 CHANNING WAY, SUITE

IDAHO FALLS ID 83401

3. Organized Under the Laws of:

* FIRST NOTICE *

IDAHO FALLS ID 83401

ID C 65631

4. Corporations: Enter Names and Addresses of
- President, Secretary and Directors**
-
- Limited Liability Companies: Enter Names and Addresses of
- ☐
- Managers or
- ☐
- Members (check one)

Office heldNameStreet or P.O. AddressCityStateZip

PRESIDENT R.K. ARBON, M.D. 1860 MALIBU IDAHO FALLS, IDAHO 83404

SECRETARY MARY ELLEN ARBON SAME ADDRESS

DIRECTOR R.K. ARBON, M.D. SAME ADDRESS

5. NATURE OF BUSINESS

PHYSICIAN

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

Name (Typed or Printed)

Title

ISSUED: 07-06-1996

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