

No. C 67733

Annual Report Form

Due No Later Than November 30,

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

WILLIAM D. LENZI
914 NORTH CURTIS

BOISE ID 83706

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 372
BOISE, ID 83720-0080

1. Mailing Address - Please Correct, If Not Correct

WILLIAM D. LENZI, P.A.
WILLIAM D. LENZI, M.D.
914 NORTH CURTIS

3. Organized Under the Laws of:

ID C 67733

REINSTATEMENT

DEC 3 8 54 AM '96

NO FEE REQUIRED
** FINAL NOTICE **

BOISE ID 83706

4. Corporations, Limited Liability Companies, Partnerships and Estates 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	William D. Lenzi	914 N. Curtis	Boise,	Id	83706

96, MAR 27 9 23 AM '96
SECRETARY OF STATE
STATE OF IDAHO

5. NATURE OF BUSINESS
PHYSICIANS OFFICE

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 *W. Lenzi* Date 11-29-96

Name (Typed or Printed) William D. Lenzi Title President

ISSUED: 10-05-1996

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