

No.

C 55405

## Annual Report Form

Due No Later Than November 30,

1996

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

PAUL B. HEUSTON, M.D., P.A.  
PAUL B. HEUSTON, M.D.  
616 PINE ST

PAUL B HEUSTON, M.D.  
616 PINE ST

GOODING ID 83330

3. Organized Under the Laws of:

ID C 56405

\* FIRST NOTICE \*

GOODING ID 83330

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

Paul B. Heuston, MD

616 Pine St.

Gooding

Id.

83330

Secretary

Beverley A. Heuston

616 Pine St.

Gooding

Id.

83330

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 Paul B. Heuston, MD Date 10 Oct 96

Name (Typed or Printed) Paul B. Heuston, MD Title President

ISSUED: 07-06-1995

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