No. c100571	Annual Report Form  Due No Later Than November 30.			
Return to: SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct		T WILLIAM Tis Ro	4\$ MD   STE 303
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SHAUNA T. WILLIAMS, M.D., P. SHAUNA T WILLIAMS MD 901 CURTIS RD STE 303	BOISE	10	83706
NO FEE REQUIRED	901 CURTIS RD STE 303	3. Organized Under the Laws of:		
* FIRST NOTICE *	BOISE ID 83706	10	c100	671
Corporations: Enter Names and E     Limited Liability Companies: Enter	Business Addresses of <b>President, Secretary and Directors</b> or Names and Addresses of <b>Managers</b> or <b>Members</b>	(check one)		
Office held Name	Street or P.O. Address	City	<u>State</u>	<u>Zip</u>
DIRECTORS; SHAUNA	WILLIAMS 510 CLEARCREEK DR F. WILLIAMS N. WILLIAMS	MERIDIAI	V ID 83	3642
5.		Date _	9/17/97 PRESIDENT	,
ISSUED: 07-04-19	97 C DO NOT TAPE OR STAPLE )	. 2	2560	
				<b>↓</b> *