

NO. C110152

Annual Report Form
Due No Later Than November 30, 1998

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

TIMOTHY A. WELEBIR, M.D., P.C.
 TIMOTHY A. WELEBIR, M.D.
 222 N 2ND ST, STE 208

BOISE ID 83702

2. Registered Agent and Office NO P.O. BOX

TIMOTHY A. WELEBIR, M.D.
 222 N 2ND ST, STE 208

BOISE ID 83702

3. Organized Under the Laws of:

ID C110182

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

TIMOTHY A. WELEBIR, M.D.
 222 N. 2nd St. Suite 208
 Boise, ID 83702

Secretary

TIMOTHY A. WELEBIR, M.D.
 222 N. 2nd St. Suite 208
 Boise, ID 83702

5. Signature of New Registered Agent

6.

Signature

Name (Typed or
Printed)*Timothy A. Welebir*

Date

7-16-98

Timothy A. Welebir, M.D.

1998

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE