

NO. C110132

Annual Report Form

1998

2. Registered Agent and Office NC P.O. BOX

Due No Later Than November 30.

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

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 heldNameStreet or P.O. AddressCityStateZip

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

Date

Name (Typed or Printed)

Title

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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