

No. **W 3842****Due no later than Apr 30, 2001
Annual Report Form**2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

A. DALE GULLEDGE, M.D., PLLC

A DALE GULLEDGE

~~4969 N HOLLOW LN~~ 3719 W. QUAILBOISE, ID ~~83702~~

83703

A DALE GULLEDGE

~~4969 N HOLLOW LN~~

3719 W. QUAIL HTS.

BOISE, ID ~~83702~~

83703

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
member/ manager	A. Dale Gullledge	3719 W. QUAIL HTS. COURT	BOISE	ID	83703

5. Organized Under the Laws of:

IDAHO
W 3842

6.

Signature

A. Dale Gullledge

Date

May 15, 2001

Name (Typed or Printed)

A. Dale Gullledge

Title:

manager/
member

Issued 05/09/2001

Do Not Tape or Staple