


<b>No.</b> C109270	<b>Annual Report Form</b> Due No Later Than November 30, 1999		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  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>TWO RIVERS MEDICAL CLINIC, P          DELAND R BARR          683 EAST THIRD</b>		<b>DELAND R BARR          683 EAST THIRD</b>  <b>WEISER ID 83672</b>	
<b>** FINAL NOTICE **</b>		<b>WEISER ID 83672</b>		3. Organized Under the Laws of:  <b>ID C109270</b>
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
PRESIDENT	DELAND R. BARR	1115 E. 9TH ST	WEISER	ID 83672
SECRETARY	TONY EDMONSON	598 PIONEER RD	WEISER	ID 83672
TREASURER	DELAND R. BARR	1115 E. 9TH ST	WEISER	ID 83672
5. <u>New</u> Registered Agent Signature		6.  Signature _____ Date <u>10-21-99</u> Name (Typed or Printed) <u>Anthony L Edmonson</u> Title <u>Sec / Admin.</u>		

ISSUED: 10-01-1999

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