

INSTRUCTIONS ON REVERSE SIDE

No. 62905	Idaho Corporation Annual Report Form	
	Due No Later Than November 1, 1993	
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address: <i>Practice of Medicine, Twin Falls, ID 83301</i>	
* FIRST NOTICE * NO FEE REQUIRED	JAMES T. ANNEST, M.D., P.A. JAMES T. ANNEST, M.D. 2014 MOUNTAIN VIEW CIRCLE TWIN FALLS ID 83301	

ISSUED: 07-1-1993
 2. Registered Agent and Office **NOT A P.O. BOX**
 JAMES T. ANNEST, M.D.
 2014 MOUNTAIN VIEW CIRCLE
 TWIN FALLS ID 83301
 3. Incorporated Under The Laws
 of ID
 NO: 62905

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

Name	Street or P.O. Address	City	State	Zip
------	------------------------	------	-------	-----

President:

Secretary:

Directors:

James T. Annest 2014 Mtn. View Cir, Twin Falls, ID 83301
also Doctor, also only director

5. Nature of Business

*Practice of
medicine*

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature *James T. Annest, M.D.*
 Name *James T. Annest, M.D.* Date *8/5/93*
 Title *President*