

No. C 96432	<b>Annual Report Form</b> 1996 Due No Later Than November 30,		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  DAVID A. KENT, M.D., CHARTER DAVID A KENT MD 339 NORTH ALLUMBAUGH  BOISE ID 83704		DAVID A KENT MD 339 NORTH ALLUMBAUGH  BOISE ID 83704	
* FIRST NOTICE *		3. Organized Under the Laws of:		ID C 96432
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
President	David A. Kent	339 N Allumbaugh	Boise	ID 83704
Secretary	Carol Kent	" "	"	" "
5. NATURE OF BUSINESS		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.		
PSYCHIATRY		Signature <u>David A. Kent MD</u> Date <u>7/15/96</u> Name (Typed or Printed) <u>David A. Kent MD</u> Title <u>M.D.</u>		

ISSUED: 07-06-1996

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