

No. C 96432

Annual Report Form
Due No Later Than November 30, 1995

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

NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

DAVID A. KENT, M.D., CHARTER
DAVID A KENT MD
339 NORTH ALLUMBAUGHDAVID A KENT MD
339 NORTH ALLUMBAUGH
BOISE ID 83704

* FIRST NOTICE *

BOISE ID 83704

ID C 96432

4. Corporations: Enter Names and Addresses of President, Secretary and Directors

Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

President	David A. Kent	339 N Allumbaugh	Boise	Id	83704
Secretary	Carol Kent	" " "	"	"	"

5. NATURE OF BUSINESS

PSYCHIATRY

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 David A. Kent M.D. Date 7/15/96Name (Typed or Printed) David A. Kent M.D. Title M.D.

ISSUED: 07-06-1996

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