

No. W 3400

Annual Report Form

1998

2. Registered Agent and Office NOT A P.O. BOX

Return to:

SECRETARY
700 WEST JEFFERSON
PO BOX 8372
BOISE, ID 83720-0080

NO FEE REQUIRED

** FINAL NOTICE **

Due No Later Than November 30,

1. Mailing Address - Please Correct, If Not Correct

SOUTHERN IDAHO FAMILY MEDICAL
DR. DALE J. PETERSON, M.D.
496 SHOUP AVENUE WEST

TWIN FALLS

ID 83301

DR. DALE J. PETERSON,
496 SHOUP AVENUE WEST

TWIN FALLS ID 83301

3. Organized Under the Laws of:

ID W 3400

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one)Office heldNameStreet or P.O. AddressCityStateZip

PRESIDENT DALE J. VUATSCHE 205 N. MAIN, PO BOX 825 KINGFALL, ID 83341
SECRETARY T. VUATSCHE
MEMBER CHRISTINE M. VUATSCHE

5. Signature of New Registered Agent

6.

Signature

Date

Name (Typed or Printed)

Title

DO NOT TAPE OR STAPLE

ISSUED: 10-03-1998

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