

No. C 69116

Annual Report Form

1997

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

NO FEE REQUIRED

1. Mailing Address - Please Correct, if Not Correct

FAMILY HEALTH SERVICES CORPO
CHAIRPERSON
P. O. BOX 1905ROSEMARY BARTA
855 SUNWAY N

TWIN FALLS ID 83301

3. Organized Under the Laws of:

ID C 69116

* FIRST NOTICE *

TWIN FALLS ID 83301

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 held	Name	Street or P.O. Address	City	State	Zip
Chairperson	Steve Sanders	P.O. Box 365	Rupert	ID	83350
Vice Chairperson	Gloria Galan	538 Baker Street	Twin Falls	ID	83301
Secretary/Treasurer	Rosemary Barta	855 Sunway N.	Twin Falls	ID	83301

5. Steve Sanders signature:

6.

Signature

Name

(Typed or
Printed)

Steve Sanders

Date

Title

Chairperson

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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