

No. C 89901

Annual Report Form

Due No Later Than November 30, 1996

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

SAND CREEK MEDICAL SALES AND
GARY D. RENCH
P.O. BOX 974GARY D. RENCH
306 1/2 NORTH FIRST AVEN

SANDPOINT ID 83864

3. Organized Under the Laws of:

* FIRST NOTICE *

SANDPOINT ID 83864

ID C 89901

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 - GARY D RENCH PO BOX 1415 SANDPOINT ID 83864
1101 SpringaSecretary - Sharon RENCH 207 S. LINCOLN SANDPOINT ID 83864
Treasure

Directors - SAME AS ABOVE

5. NATURE OF BUSINESS

MEDICAL SUPPLIES & EQUIPMENT

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

Date

Name
Typed or
Printed)

Title

Gary RENCH
GARY RENCH7/22/96
Pres.

ISSUED: 07-06-1996

28229