

No. C 63978	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 * FIRST NOTICE *	1. Mailing Address (Print or Type; If Not Current) PATRICK D. SCHOW, M.D., PROF PATRICK D. SCHOW, M.D. 425 WEST BANNOCK BOISE ID 83702		PATRICK D. SCHOW, M.D. 425 WEST BANNOCK BOISE ID 83702												
	3. Organized Under the Laws of ID C 63978														
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 35%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>PATRICK D. SCHOW M.D.</td> <td>425 WEST BANNOCK ST.</td> <td>BOISE</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	PATRICK D. SCHOW M.D.	425 WEST BANNOCK ST.	BOISE	ID	83702
Office held	Name	Street or P.O. Address	City	State	Zip										
PRESIDENT	PATRICK D. SCHOW M.D.	425 WEST BANNOCK ST.	BOISE	ID	83702										
5. NATURE OF BUSINESS PHYSICIAN	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 <u><i>Patrick D. Schow M.D.</i></u> Date <u><i>7-18-96</i></u> Name (Typed or Printed) <u>PATRICK D. SCHOW M.D.</u> Title <u>PRESIDENT</u>														

ISSUED: 07-06-1996

17728