

No. W 509

Annual Report Form

1997

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

Due No Later Than November 30,

Return to:

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

NO FEE REQUIRED

★ FIRST NOTICE ★

1. Mailing Address - Please Correct, If Not Correct

PHYSICIAN CENTER, A PROFESSI

388 MARTIN ST

TWIN FALLS ID 83301

~~TIMOTHY S HANSON, M.D.~~
388 MARTIN STTWIN FALLS ID 83301
D KURT SEPPI

3. Organized Under the Laws of:

ID W 509

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
President	D. Kurt Seppi, M.D.	388 Martin	Twin Falls	Id	83301
Secretary	John F. Trotter, M.D.	388 Martin	Twin Falls	Id	83301

5. SIGNATURE OF CURRENT RA



6.

Signature



Date

9/19/97

Name (Typed or Printed)

D. Kurt Seppi, M.D.

Title

President

ISSUED: 07-04-1997

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DO NOT TAPE OR STAPLE