<u>* </u>	INSTRUCT	IONS ON REVERSE SIDE	ISSUED: 07-01-10	<u> </u>
No. 78773		ion Annual Report Form	2. Registered Agent and Office N	OT A P.O. BO
Return To	Due No Later The	Due No Later Than November 1, 1993 I Mailing Address: Planta Course I II Whit Course I		
Secretary of State Room 203, Statehouse Boise, ID 83720	L Mailing Address - P			3326 FOURTH STREET
	MARRY R. DEL LARRY R. DEL	ANE, M.D., P.A. ANE, M.D.	LEWISTON ID	83501
	3326 FOURTH		3. Incorporated Under The Laws	
* FIRST NOTICE * NO FEE REQUIRED	LEWISTON	**	of ID	
NO FEE REMUIRED	CEMISION	ID 83501	NO: 78770	
4. Names and Addresses of Off	ficers and Directors	MUST BE PRINTED C	OR TYPED	
	Name	Street or P.O. Address	<u>City</u> <u>State</u>	Zio
	ry R. DeLane, M.D. ri E. DeLane	3434 Selway Drive 3434 Selway Drive	Lewiston, Idaho Lewiston, Idaho	83501 83501
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			,	
5. Nature of Business Medical Doctor	6. I certify that true, correct	t and complete.	mined by me and is to the best of my	knowledge
Family Paactice	Signature	Chew & Dedun		
y · microcc	Name (Typed or (Cheri E. DeLane	Title Corporate.	secretary