

No. W 242

## Annual Report Form

1996

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

\*\* FINAL NOTICE \*\*

1. Mailing Address - Please Correct, If Not Correct

THRESHOLD MEDICAL, LIMITED C

BILL CURTIS

~~6465 AUTUMNWOOD~~

5577 N CITADEL

BOISE

ID 33703

BILL CURTIS

~~6465 AUTUMNWOOD~~

5577 N CITADEL

BOISE

ID 83703

3. Organized Under the Laws of:

ID

W

242

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 heldNameStreet or P.O. AddressCityStateZip

MANAGER

Bill Curtis

5577 N CITADEL

Boise

ID

8323

MANAGER

mark curtis

9959 Quailstone

Boise

ID

83709

5. SIGNATURE OF CURRENT RA

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

11/10/96

Name (Typed or Printed)

Bill Curtis

Title

MANAGER

ISSUED: 10-05-1996

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