

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-1-1993

No. 73046

Idaho Corporation Annual Report Form

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

Return To

MICHAEL K. PARENT
307 ST. JOHN'S WAY

LEWISTON ID 83501

3. Incorporated Under The Laws

of ID

NO: 73046

Secretary of State
Room 203, Statehouse
Boise, ID 83720* FIRST NOTICE *
NO FEE REQUIRED

Due No Later Than November 1, 1993

1. Mailing Address:
MICHAEL K. PARENT, M.D., P.A.
MICHAEL K. PARENT
307 ST. JOHN'S WAY

LEWISTON ID 83501

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Michael K. Parent	317 St. John's Way	Lewiston, Idaho		83501
Secretary:					
Directors:					

5. Nature of Business

medical Practice
Medical Practice

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

Name (Typed or Printed)

Michael K. Parent, M.D.

Date

Title

7/12/93

President