

No. C 48341

Annual Report Form

1998

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

★ FIRST NOTICE ★

1. Mailing Address Please Correct, If Not Correct

EYE CLINIC OF IDAHO FALLS, P
DAVID R ANDERSON MD
PO BOX 2410

DR DAVID R ANDERSON
530 SOUTH HOLMES

IDAHO FALLS ID 83401

3. Organized Under the Laws of:

IDAHO FALLS

ID 83401 2410

ID

C 48341

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	DAVID R ANDERSON, M.D.	P.O. Box 2410	IDAHO FALLS	ID	83403
SECRETARY	LEE ANDERSON	" "	"	"	"

5. Signature of New Registered Agent

6.

Signature

David R Anderson

Date

7-13-98

Name (Typed or Printed)

DAVID R. ANDERSON, M.D.

Title

PRESIDENT

ISSUED: 07-03-1998

↓ DO NOT TAPE OR STAPLE ↓

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