

No. C106717

Annual Report Form
Due No Later Than November 30, 1997

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

1 Mailing Address Please Correct If Not Correct

VALLEY ANESTHESIA, P.A.

504 MAIN ST STE 444

LYNDAL E STOUTIN
504 MAIN ST STE 444

LEWISTON ID 83501

3 Organized Under the Laws of

ID C106717

* FIRST NOTICE *

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
PRES	LYNDAL E. STOUTIN	176 HILLCREST	LEW	ID	83501
V. PRES.	CRAIG G. FLINDERS	1828 14TH ST.	"	"	"
SECTY.	LARRY P. DAVIS	3020 24TH ST.	CLK	WA	91403

5.

6.

Signature

Name (Type or Printed)

Lyndal Stoutin
LYNDAL STOUTIN

Date

Title

7/15/97
PRES.

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

11168