

No. W 1560	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 MORRIS HILL CLINIC, LLC DAVID A WEEKS 4202 EMERALD 405 S. 8th St, Suite 365 BOISE ID 83706 ⁸³⁷⁰²		DAVID A WEEKS 4202 EMERALD POISE ID 83706
			3. Organized Under the Laws of:
			ID W 1560

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 held	Name	Street or P.O. Address	City	State	Zip
MEMBER	David A. Weeks	PO Box 1761	Boise	Id	83701
MEMBER	Belinda L. Vincent	PO Box 1761	Boise	Id	83701

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 <u><i>David A. Weeks</i></u> Name (Typed or Printed) <u>David A. Weeks</u>	Date <u>10/21/96</u> Title <u>MEMBER</u>

ISSUED: 10-05-1996

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