| | | IŅSTI | RUCTIONS | ON REVERSE | SIDE | | - • • • | • | • | |
|---|----------------------|---|-------------------------------------|--|---------|----------------------|---|-------|----------------------------------|--|
| No. 42517 | | Idaho Com | laho Corporation Annual Report Form | | | | 2. Registered Agent and Office NOT A P.O. BOX | | | |
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 | | Due No Later Than November 1,1991 Multing Addic 2: Please Correct II Not Correct | | | | m 1 | J. THOMAS MITCHELL 1740 EAST 17TH STREET | | | |
| | | PATHOLOGY ASSOCIATES OF IDA- Thomas mitchell MD | | | | IDAHO FALLS ID #3404 | | | | |
| | | f | 1740 E. 17TH ST., #D | | | | 3. Incorporated Under The Laws of ID | | | |
| | REQUIRED | IDAHO FAL | LS | IO 83 | 404 | NO: 042 | 517 | | | |
| 4. Names and | Addresses of Officer | s and Directors | | | | | | | | |
| | | <u>Name</u> | | Street or P.O. | Address | City | | State | Zio | |
| President: Secretary; Directors: | | ntelli vein | 2974 179 | Canyon Greent: 11th St Merlin | treet | Idaho Idaho | Falls Falls Falls Falls | | 83402 83401 83401 83401 | |
| 5. Nature of B | Susiness Medical | 6. I certi true, c Signatur Name (| correct and | Annual Repo complete. FLOYS | L) 500 | amined by me and | Date 7 | 30 C | ?/ | |