

No.

C108798

Annual Report Form

1996

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

Return to:

SECRETARY OF STATE
700 WEST CENTER
PO BOX 38720
BOISE, ID 83720-0080

1. Mailing Address - Please Correct, If Not Correct

INTERMOUNTAIN HAND CLINIC, P ONE CAPITAL CENTER
WILLIAM D LENZI
914 N CURTIS RD
BOISE ID 83702

DALE G HIGER

999 MAIN ST STE 1015

ONE CAPITAL CENTER

BOISE

ID 83702

NO FEE REQUIRED

** FINAL NOTICE **

BOISE

ID 83706

3. Organized Under the Laws of:

ID

C108798

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 heldNameStreet or P.O. AddressCityStateZip

PRESIDENT/OWNER WILLIAM D. LENZI

914 N. CURTIS

BOISE

ID

83706

5. NATURE OF BUSINESS

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

William D Lenzi

Date

11-29-96

Name

(Typed or Printed)

William Lenzi

Title

President

ISSUED: 10-05-1996

7439