

No. W 1937

Annual Report Form

1998

Due No Later Than November 30,

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

NEW HAVEN MEDICAL LEASING CO
TED L REA
284 MARTIN ST

TWIN FALLS

ID 53301

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

IDAHO SERVICE COMPANY
101 S CAPITOL BLVD 10TH

BOISE ID 83702

3. Organized Under the Laws of:

ID W 1937

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 heldNameStreet or P.O. AddressCityStateZip

pres. Kent G. Smith 284 Martin St. Ste 2 Twin Falls ID 83301
M.D.

V-p Ted L. Rea M.D. same as above

5. Signature of New Registered Agent

6.

Signature

Date

Name (Typed or Printed)

Title

ISSUED: 07-03-1998

↓ DO NOT TAPE OR STAPLE ↓

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