

No. C 45477

Annual Report Form

Due No Later Than November 30,

1996

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

SALMON MEDICAL CENTER, P.A.
BOYD K. SIMMONS, M.D.
PO BOX 2083

SALMON

ID 83457

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

BOYD K SIMMONS MD
~~136 SOUTH DAISY STREET~~
C/O 1107 MAIN STREET
SALMON ID 83457

3. Organized Under the Laws of:

ID

C 48477

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

President Arthur D. Earl

Route 1 Box 227

Salmon

ID

83467

Director James F. Todd

Gibbonsville ID

Director Boyd K. Simmons

245 E. Three Fountains Dr. Provo UT 84604

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

Arthur D. Earl

Date

11/1/96

Name (Typed or Printed)

Arthur D. EARL

Title

Pres

ISSUED: 07-06-1995

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