

No. C105193	Annual Report Form Due No Later Than November 30, 1997		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	1. Mailing Address - Please Correct, if Not Correct TWIN FALLS CLINIC & HOSPITAL BRENT BODILY PO BOX 1233 TWIN FALLS ID 83303 1233		BRENT BODILY 666 SHOSHONE ST E TWIN FALLS ID 83303 1
** FINAL NOTICE **	3. Organized Under the Laws of: ID C105193		
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 held	Name	Street or P.O. Address	City
president	David Spritzer	660 Shoshone STE	Twin Falls ID 83301
vice-president	Gary Garwood	660 Shoshone STE	Twin Falls ID 83301
Sec - Treasurer	Brian Welch	112 main ave	Twin Falls ID 83301
5.		6.	
Signature <u>Marilyn Jackson</u>		Date <u>10-14-97</u>	
Name (Typed or Printed) <u>Marilyn Jackson</u>		Title <u>Director</u>	

ISSUED: 10-04-1997

↓ DO NOT TAPE OR STAPLE ↓

1442