Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED SALMON SALMON SALMON FOR 30X 2983 * SALMON SALMON FOR 30X 2983 * SALMON SALM	-05-1994	ISSUED: 07-05				
Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080	A A SEE THE SEE SEE SEE SEE SEE SEE SEE SEE SEE S			Idaho Corporation Annual Report Form		
SALMON MEDICAL CENTER, P.A. SALMON I SALMON		1	Due No Later Than November 1,1994			Return To
Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED ** SALMON ** PO 30X 2083 ** ALMON ** SIMMONS, M.D. ** PO 30X 2083 ** SALMON ** SIMMONS, M.D. ** PO 30X 2083 ** SALMON ** PO 30X 2083 ** SALMON ** SIMMONS, M.D. ** PO 30X 2083 ** SALMON ** SIMMONS, M.D. ** SALMON ** SIMMONS, M.D. ** O 10		1	to the Charles	ess —	1. Mailing Add	Secretary of State
* FIRST NOTICE * NO FEE REQUIRED SALMON ID 33467 NO: 48477 4. Names and Addresses of Officers and Directors Name Street or P.O. Address City State President: Arthur D. Earl M.D. c/o 1107 Main Street Salmon I Secretary: James F. Todd M.D. c/o 1107 Main Street Salmon I Directors: Boyd K. Simmons M.D. c/o 1107 Main Street Salmon I Secretary: Boyd K. Simmons M.D. c/o 1107 Main Street Salmon I Directors: Boyd K. Simmons M.D. c/o 1107 Main Street Salmon I Secretary: Salmon I Street Salmon I Secretary: Boyd K. Simmons M.D. c/o 1107 Main Street Salmon I Secr	ID 83467	SALMON				Room 203, Statehouse P.O. BOX 83720
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6. I certify that this Annual Report has been examined by me and is to the best of true, correct and complete. Medical Practice Signature Medical Signature Signature	ID 83467	Salmon		-,		•
Medical Practice true, correct and complete, Signature Date 8/	ID 83467	Salmon	Main Street	c/o 1107	mmons M.D.	Directors: Boyd K. Si
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