

| No. C 58839 | Annual Report Form Due No Later Than November 30, 1996 | | 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 * FIRST NOTICE * | 1. Mailing Address - Please Correct, If Not Correct WILLIAM W. SCHUBERT, M.D., P WILLIAM W. SCHUBERT 527 S. 12TH AVE. POCATELLO ID 83201 | | WILLIAM W. SCHUBERT, M.D. 527 S. 12TH AVE. POCATELLO ID 83201 3. Organized Under the Laws of: ID C 58839 | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>William W. Schubert</td> <td>1646 N. Minkler</td> <td>Pocatello</td> <td>Id</td> <td>83204</td> </tr> </tbody> </table> | | | | Office held | Name | Street or P.O. Address | City | State | Zip | Pres. | William W. Schubert | 1646 N. Minkler | Pocatello | Id | 83204 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | |
| Pres. | William W. Schubert | 1646 N. Minkler | Pocatello | Id | 83204 | | | | | | | | | | |
| 5. NATURE OF BUSINESS MEDICAL DOCTOR | 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 <u>Wm Schubert</u> Date <u>7/15/96</u> Name (Typed or Printed) <u>Wm Schubert</u> Title <u>Pres.</u> | | | | | | | | | | | | | | |

3: 07-06-1996

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