


No. <b>W 6348</b>	<b>Annual Report Form</b> 1999 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office <b>NOT A P.O. BOX</b> <b>DR DAVID P. BOWMAN</b> <b>329 S WOODRUFF</b>  <b>IDAHO FALLS ID 83401</b>
Return to: <b>SECRETARY OF STATE</b> <b>700 WEST JEFFERSON</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct if Not Correct <b>COMPREHENSIVE URGENT AND FAM</b> <b>DR DAVID P. BOWMAN</b> <b>329 S WOODRUFF</b>  <b>IDAHO FALLS ID 83401</b>	3. Organized Under the Laws of: <b>ID W 6348</b>
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input checked="" type="checkbox"/> <b>Members</b> (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
Member:	David P. Bowman	5223 Sagewood
		Idaho Falls, ID 83406
5. Signature of New Registered Agent		6.
		Signature <u></u> Date <u>10-11-99</u> Name (Typed or Printed) <u>David P. Bowman</u> Title _____

ISSUED: 07-03-1999

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