No. C 67	144		nual Report Form Later Than November 30,	1996	2. Registered Ager	nt and Office N	OT A P.O. BO)
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			THOMAS G. SMITH, M.D. 1735 CLAREMONT DR BOISE ID 83702 3. Organized Under the Laws of:		
		THOMAS G. SMITH, M.D., P.A. THOMAS G. SMITH, M.D. 1735 CLAREMONT DR					
* FIRST NO	OTICE *	30ISE ID 83702			ID	C 67144	
. Corporations: E Limited Liability	Enter Names and Companies: Ente	Addresses of Presid r Names and Address	ent, Secretary and Direct	ors Members (d		`\ *	<u> </u>
Office held	<u>Name</u>	<u>\$</u>	Street or P.O. Address		City	<u>State</u>	<u>Zip</u>
PRESIDENT	THOMAS G S	SMITH 1735	Claremont Drive	:	Boise	ID	83702
SeCRETARY	JEAN B SM	TTH 1735	Claremont Drive	1	Bois e	ID	83702
							•
NATURE OF	BUSINESS	6. I certi know	ify that this Annual Report ledge true) correct and co	t has been ex			
	MEDICAL PRACTICE		(Types JEAN B SMIT	TH	•	ugust 12 ECRETARY	
ISSUED:	37 - 06-19	95			1	7328	
		week to					