

No. C 96659

Annual Report Form

1996

Due No Later Than November 30,

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

WESTERN MONTANA CLINIC, P.C.

PO BOX 7609

MISSOULA

MT 59807

JOHN A ELLIS

ADA/BOOTA/DATA/

805 Main

SALMON

ID 83457

3. Organized Under the Laws of:

MT

C 96659

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (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>
Pres	TH Roberts, MD	PO Box 7609	Missoula	MT	59807
Vice Pres	ML Sanz, MD	PO Box 7609	Missoula	MT	59807
Sec	TJ Clucas, PhD	PO Box 7609	Missoula	MT	59807
	CE Bell, MD	PO Box 7609	Missoula	MT	59807
	BW McMullin, MD	PO Box 7609	Missoula	MT	59807
	SH Seagraves, MD	PO Box 7609	Missoula	MT	59807
	JB Pickhardt, MD	PO Box 7609	Missoula	MT	59807

5. NATURE OF BUSINESS

MEDICAL SERVICES

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

Date July 15, 1996

Name (Typed or Printed)

TH Roberts, MD

Title President

ISSUED: 07-06-1996

2988