

No. C102501

Annual Report Form
Due No Later Than November 30, 1995

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 *

LEWISTON ID 83501

JOHN W. MANNSCHRECK MD
531 FOURTH AVE
LEWISTON ID 83501

3. Organized Under the Laws of:

ID C102551

4. Corporations: Enter Names and Addresses of **President**, **Secretary** and **Directors**
 Limited Liability Companies: Enter Names and Addresses of **Managers** or **Members** (check one)

| Office held | Name | Street or P.O. Address | City | State | Zip |
|----------------|-------------------|------------------------|----------|-------|-------|
| President | John Mannschreck | 2716 Country Club Dr | Lewiston | ID | 83501 |
| Vice President | | | | | |
| Secretary | Cathy Mannschreck | | | | |
| Treasurer | John Mannschreck | | | | |

5. NATURE OF BUSINESS

PHYSICIANS & SURGEONS

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 John W. Mannschreck Date 8/1/95Name (Typed or Printed) John W. Mannschreck Title President

ISSUED: 07-06-1995

10858