

Annual Report Form

1998

Due No Later Than November 30,

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

MCNIEL AND ASSOCIATES, LLC
THOMAS A NIELSON
1426 ADDISON AVE E

TWIN FALLS ID 83301

2. Registered Agent and Office NOT A P.O. BOX

THOMAS A NIELSON
1426 ADDISON AVE E

TWIN FALLS ID 83301

3. Organized Under the Laws of:

ID W 2626

4. Corporations: Enter Names and Business 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

Clinical Director	Thomas A. Nielson	1426 Addison Ave. E. Suite A	Twin Falls	ID	83301
Tx Supervisor	Edward P. T. McCarroll	1426 Addison Ave. E. Suite A	Twin Falls	ID	83301

5. Signature of New Registered Agent

6.

Signature



Date

9-24-98

Name (Typed or Printed)

Thomas A. Nielson

Title

Clinical Director

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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