No. C 52538

Annual Report Form 1999

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

WALKER CENTER FOR ALCOHOLISM

1120 A. MONTANA ST.

GOODING ID 83330

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

~~VAYLE HAULOIN~~
1120A MONTANA ST.
Douglas O. Smith, M.D.
GOODING ID 83330

3. Organized Under the Laws of:

ID C 52538

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
President	Bud Starr	972 Bitterroot Pl	Twin Falls	ID	83301
V.President	Phil Becker	P.O. Box 456	Gooding	ID	83330
Sec./Treas.	Douglas O. Smith	1120A Montana St.	Gooding	ID	83330
	Archie Walker	P.O. Box 69	Bliss	ID	83314
	Sam Yost	780 Bolton St.	Twin Falls	ID	83301
	Earl Reed	P.o. Box 472	Buhl	ID	83316
	Lee DeVore	356 3rd Ave. E.	Twin Falls	ID	83301
	Kurt Seppi, MD	630 Addison Ave. W., #100	Twin Falls	ID	83301

5. Signature of New Registered Agent

Douglas O Smith Jr MD

6.

Signature Douglas O Smith Jr MD Date 9/1/99

Name (Typed or Printed) Douglas O. Smith, Jr., MD Title Program Director

ISSUED: 07-03-1999

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