

August 3, 1994

D.G. HENRIKSEN, M.D., P.A.  
D.G. HENRIKSEN  
CHATCOLET LAKE  
HEYBURN STATE PARK  
ST MARIES ID 83861

RE: D.G. HENRIKSEN, M.D., P.A. File Number C 101567

Dear Mr. Henriksen:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the names and addresses of the officers in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

Tonya Herold  
Corporate Division

Enclosures: cited

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-05-1994

No. 101567

## Return To

Secretary of State  
Room 203, Statehouse  
P.O. BOX 83720

Boise, ID 83720-0080

\* FIRST NOTICE \*  
NO FEE REQUIRED

## Idaho Corporation Annual Report Form

Due No Later Than November 1, 1994

## 1. Mailing Address —

D.G. HENRIKSEN, M.D., P.A.

D G HENRIKSEN

CHATCOLET LAKE,

HEYBURN STATE PARK

ST. MARIES

ID 83861

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

D G HENRIKSEN

CHATCOLET LAKE,

HEYBURN STATE PARK

ST. MARIES

ID 83861

## 3. Incorporated Under The Laws

of ID

NO: 101567

## 4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

Name

Street or P.O. Address

City

State

Zip

President:

Secretary:

Directors:

## 5. Nature of Business

MEDICAL DOCTOR

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

Name (Typed or Printed)

D.G. HENRIKSEN, M.D.

Date

Title

7-29-94

PRESIDENT