

Annual Report Form

Due No Later Than November 30,

1998

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

WILLIAM C. MANNSCHRECK
324 - 5TH STREET

LEWISTON ID 83501

3. Organized Under the Laws of:

ID C 64675

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

WILLIAM C. MANNSCHRECK M.D.,
WILLIAM C. MANNSCHRECK
2956 MAYFAIR RIDGE

LEWISTON ID 83501

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 heldNameStreet or P.O. AddressCityStateZip

President William C. Mannschreck 2956 Mayfair Ridge Lewiston Id 83501
Secretary Roena M " " " " " "

5. Signature of New Registered Agent

6.

Signature



Date

7-20-98

Name (Typed or Printed)

Wm C. Mannschreck

Title

President

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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