

No.

W

824

Annual Report Form

Due No Later Than November 30,

1996

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

Return to:

SECRETARY OF STATE
700 WEST WASHINGTON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

02 PM

Mailing Address - Please Correct, If Not Correct

CLINICAL EVALUATION SERVICES

MARY BROOKS-MUELLER

151 N 3RD AVE STE 308

6278 OLD RANCH RD.

POCATELLO

ID 83204

MARY BROOKS-MUELLER

~~2063 E CENTER~~

6278 OLD RANCH RD

POCATELLO

ID 83204

3. Organized Under the Laws of:

ID

W

824

4. Corporations, Partners, Names and 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

MEMBER

MARY BROOKS-MUELLER

6278 OLD RANCH RD

POCATELLO

ID

83204

5. SIGNATURE OF CURRENT RA



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



Date

28 Nov 96

Name

(Typed or Printed)

MARY MUELLER

Title

SECT.

ISSUED: 07-08-1996

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