

60801

INSTRUCTIONS ON REVERSE SIDE PLEASE TYPE OR PRINT

No.	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — Please Correct If Not Correct		PETER M. CANNON 200 S. WOODRUFF, STE. 4 IDAHO FALLS ID 83404																									
	PETER M. CANNON, M.D., P.A. PETER M. CANNON 2001 S. WOODRUFF, STE. 4 IDAHO FALLS ID 83404 0000		3. Incorporated Under The Laws of ID NO: 60801																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Peter M. Cannon</td> <td>2002 S. Woodruff, Suite 4</td> <td>Idaho Falls,</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Secretary:</td> <td>Arlene P. Cannon</td> <td>850 E. 1500 N.</td> <td>Shelley,</td> <td>ID</td> <td>83274</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Peter M. Cannon	2002 S. Woodruff, Suite 4	Idaho Falls,	ID	83404	Secretary:	Arlene P. Cannon	850 E. 1500 N.	Shelley,	ID	83274	Directors:					
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Directors:																												
5. Nature of Business Physician/Surgeon		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td data-bbox="530 905 1207 971"> Signature  Name (Typed or Printed) Peter M. Cannon </td> <td data-bbox="1207 905 1620 971"> Date 7-17-92 Title President </td> </tr> </table>			Signature  Name (Typed or Printed) Peter M. Cannon	Date 7-17-92 Title President																						
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