Annual Report Form 1996

Due No Later Than November 30,

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

** FINAL NOTICE **

1. Mailing Address - Please Correct, If Not Correct

J.M. LACKEY, M.D., P.A.
J.M. LACKEY, M.D.
1448 E. CENTER

POCATELLO ID 83201

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

J.M. LACKEY, M.D.
1448 E. CENTER

POCATELLO ID 83201

3. Organized Under the Laws of:

ID C 65536

4. Corporations: Enter Names and 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	J.M. Lackey, M.D.	1448 E. Center	Poc.	ID	83201
SECRETARY	Janie Lackey	1448 E. Center	Poc.	ID	83201
DIRECTOR	J.M. LACKEY, M.D.	1448 E. Center	Poc.	ID	83201
DIRECTOR	Janie Lackey	1448 E. Center	Poc.	ID	83201

5. NATURE OF BUSINESS

PHYSICIAN

~~ISSUED: 10-05-1996~~

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 10/15/96

Name (Typed or Printed) J.M. LACKEY Title MD Owner

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