

No.

C 64184

Annual Report Form

Due No Later Than November 30, 1997

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

Return to:

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

NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

JAMES B. FISHER, M.D., P.A.
JAMES FISHER, M.D.
307 SAINT JOHN'S WAYJAMES FISHER, M.D.
307 ST. JOHN'S WAY

LEWISTON ID 83501

3. Organized Under the Laws of:

* FIRST NOTICE *

LEWISTON

ID 83501

ID C 64184

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

James B. Fisher

3433 Selway Dr.


Lewiston

ID 83501

5.

6.

Signature XX



Date 8-14-97

Name

(Typed or
Printed)

James B. Fisher, M. D.

Title President

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

11018