

No. C 82049	Annual Report Form 1997 Due No Later Than November 30,		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 * FIRST NOTICE *	1 Mailing Address Please Correct, If Not Correct		PETER C. JONES, M.D. 2121 IRONWOOD CENTER DRIVE COEUR D'ALENE ID 83814													
	PETER C. JONES, M.D., P.A. PETER C. JONES, M.D. 2121 IRONWOOD CENTER DRIVE COEUR D'ALENE ID 83814		3 Organized Under the Laws of ID C 82049													
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)																
<table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President/Secretary</td> <td>Peter C Jones</td> <td>2121 IRONWOOD CENTER DRIVE</td> <td>COEUR D'ALENE ID</td> <td></td> <td>83814</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President/Secretary	Peter C Jones	2121 IRONWOOD CENTER DRIVE	COEUR D'ALENE ID		83814
Office held	Name	Street or P.O. Address	City	State	Zip											
President/Secretary	Peter C Jones	2121 IRONWOOD CENTER DRIVE	COEUR D'ALENE ID		83814											
5.		6. Signature <i>X</i>  Date <u>7/28/97</u> Name (Typed or Printed) <u>Peter C Jones</u> Title <u>PRESIDENT</u>														

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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