

No. C 66589	<b>Annual Report Form</b> Due No Later Than November 30, 1996		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  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct		WILLIAM A. POGUE, M.D. 4809 FAIRVIEW AVENUE  BOISE ID 83706
	FAIRVIEW MEDICAL CLINIC, P.A. WILLIAM A. POGUE, M.D. 4809 FAIRVIEW AVENUE		
* FIRST NOTICE *	BOISE	ID 83706	3. Organized Under the Laws of:

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	WILLIAM POGUE	3624 HILLCREST DR.	BOISE	ID	83705
V. PRES	JEFF HARTFORD	10035 W. HIGHLANDER	BOISE	ID	83709
DIRECTOR	CARL J. PIKE	25 W. COMMERCIAL	WEISER	ID	83672

5. NATURE OF BUSINESS  MEDICAL CLINIC	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 <u>[Signature]</u> Date <u>8/23/96</u> Name (Typed or Printed) <u>W. Lisle Pogue</u> Title <u>Administrator</u>
---	---

ISSUED: 07-06-1996

20976