

No. C 48477

Annual Report Form

1997

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

Due No Later Than November 30,

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

1. Mailing Address - Please Correct, If Not Correct

SALMON MEDICAL CENTER, P.A.
BOYD K. SIMMONS, M.D.
PO BOX 2083

BOYD K SIMMONS MD
1107 MAIN STREET

SALMON ID 83467

NO FEE REQUIRED

3. Organized Under the Laws of:

SALMON ID 83467

ID C 48477

* FIRST NOTICE *

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 held	Name	Street or P.O. Address	City	State	Zip
Director	Arthur D. Earl	805 Main St.	Salmon	ID	83467
	Boyd K. Simmons	245 E. Three Fountains	Provo	UT	84604
Director	James F. Todd		Gibbonsville,	ID	83463

5.

6.

Signature

Arthur D. Earl

Date

10/6/97

Name (Typed or Printed)

A. D. Earl

Title

Director

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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