Annual Report Form
Due No Later Than November 30, 1998

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

DOCTORS HEALTHCARE NETWORK,
MALCOLM WINTER
428 6TH AVE

LEWISTON ID 83501

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

MALCOLM WINTER
428 6TH AVE

LEWISTON ID 83501

3. Organized Under the Laws of:

WA W 4280

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
President	Malcolm Winter, MD	428 6th Ave.	Lewiston	ID	83501
Vice-President	Jane Pfliger, MD	222 Southway,	Lewiston	ID	83501
Treasurer	Dave Petersen, MD	2315 8th St. Grade,	Lewiston	ID	83501
Secretary	Morgan Wilson, MD	PO. Box 816,	Lewiston	ID	83501

5. Signature of New Registered Agent

6. Signature Malcolm Winter Date 8/5/98

Name (Typed or Printed) Malcolm Winter, MD Title President

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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