

Annual Report Form

Due No Later Than November 30, 1998

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

DOCTORS HEALTHCARE NETWORK,
MALCOLM WINTER
428 6TH AVE

LEWISTON

ID 83501

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428 6TH AVE

LEWISTON ID 83501

3. Organized Under the Laws of:

WA

W 4280

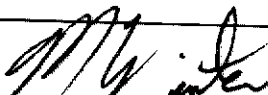
4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)Office heldNameStreet or P.O. AddressCityStateZip

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 P.O. Box 816, Lewiston ID 83501

5. Signature of New Registered Agent

6.

Signature



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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