

No.

C 56192

Annual Report Form

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

NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

ROBERT C. BURTON, M.D., P.A.
6030 W. EMERALD
BOISE, IDAHO 83704

ROBERT C. BURTON, M.D.
999 NORTH CURTIS ROAD

BOISE ID 83706

3. Organized Under the Laws of:

ID C 56192

* FIRST NOTICE *

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 heldNameStreet or P.O. AddressCityStateZip

President	Robert C. Burton, MD	6030 W. Emerald	Boise, Idaho	83704
Secretary	Diana Burton	6030 W. Emerald	Boise, Idaho	83704

Directors:	Robert C. Burton, MD	"	"	"
	Diana Burton	"	"	"

5. NATURE OF BUSINESS

MEDICAL PRACTICE

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

Date 7-22-96

Name (Typed or Printed)

Robert C. Burton, MD Title President

ISSUED: 07-06-1996

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