

No. C 96287

Annual Report Form
Due No Later Than November 30, 1996

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

DR. BRIAN R. COPPLE, M.D., P
DR. BRIAN R COPPLE, M.D.
708 PARKSIDE WAY

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

DR. BRIAN R COPPLE M.D.
708 PARKSIDE WAY
NAMPA ID 83686

3. Organized Under the Laws of:

ID C 96287

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

President

NameBrian Copple
Patti CoppleStreet or P.O. Address

Same

City

Same

State

Same

Zip

Same

Sec

5.

NATURE OF BUSINESS

MEDICINE & SURGERY

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 B. Copple Date 7-18-86Name (Typed or Printed) Brian Copple Title NAMPA

ISSUED: 07-06-1996

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