

No. C 96287

Annual Report Form

1996

Due No Later Than November 30,

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

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

NAMPA ID 83686

3. Organized Under the Laws of:

* FIRST NOTICE *

NAMPA ID 83686

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 heldNameStreet or P.O. AddressCityStateZip

President

Brian Copple

Same

Same

Same

Same

Sec

Patricia Copple

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 7-18-96Name (Typed or Printed) Brian Copple Title MD PA

ISSUED: 07-06-1996

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