

Annual Report Form

1998

Due No Later Than November 30,

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

FURNESS MEDICAL, INC.
SHARON A. FURNESS
PO BOX 798
111 LILLIAN ST
SALMON ID 83467

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

SHARON A FURNESS
103 BITTERROOT LANE
SALMON ID 83467

3. Organized Under the Laws of:

ID C 78380

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

Pres. Sharon A. Furness
Sec/Treas Amber L. Ricks

103 Bitterroot Lane
Rt 1 Box 275-3

Salmon
Salmon

ID 83467
ID 83467

5. Signature of New Registered Agent

6.

Signature

Sharon Furness

Date

7/23/98

Name (Typed or Printed)

Sharon Furness

Title

owner

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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