INSTRUCTIONS ON REVERSE SIDE

ISSUED: 09-30-1995

58839
o.

Idaho Corporation Annual Report Form

Due No Later Than November 30

2. Registered Agent and Office NOT A P.O. BOX
WILLIAM W. SCHUBERT, M.D.
527 S. 12TH AVE.
POCATELLO ID 83201

turn To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

FINAL NOTICE **
) FEE REQUIRED

1. Mailing Address -- *Please Correct If Not Correct*
WILLIAM W. SCHUBERT, M.D., P.A.
WILLIAM W. SCHUBERT
527 S. 12TH AVE.
POCATELLO ID 83201

3. Incorporated Under The Laws of
ID
NO: 58839

Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
sident:	William W Schubert	527 S 12th	Pocatello	Id	83201
etary:					
ctors:					

ure of Business
Physician

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 William W Schubert MD Date 10/31/95
Name (Typed or Printed) William W Schubert MD Title Pres