

No. C 59941	Annual Report Form 1990 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																								
Return to: SECRETARY OF STATE 700 W. T. JEFFERSON PO BOX 33720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct CHARLES B. GREENE, M.D., A.P. CHARLES B. GREENE, M.D. 547 RIDGE DRIVE NAMPA ID 83651		CHARLES B. GREENE, M.D. 547 RIDGE DRIVE NAMPA ID 83651 3. Organized Under the Laws of: ID C 59941																								
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Charles Lee Greene, MD</td> <td>547 RIDGE DR</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>Secretary</td> <td>Barbara Greene</td> <td>547 RIDGE DR</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>Treasurer</td> <td>Barbara Greene</td> <td>547 RIDGE DR</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Charles Lee Greene, MD	547 RIDGE DR	Nampa	ID	83686	Secretary	Barbara Greene	547 RIDGE DR	Nampa	ID	83686	Treasurer	Barbara Greene	547 RIDGE DR	Nampa	ID	83686
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5. NATURE OF BUSINESS MEDICAL OFFICE, PSYCHIATRIST	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 <u>Charles B. Greene MD</u> Date <u>10/14/90</u> Name (Typed or Printed) <u>CHARLES B. GREENE MD</u> Title <u>Psychiatrist</u>																										

ISSUED: 10-05-1996

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