

No. C 58141

Annual Report Form

Due No Later Than November 30,

1996

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

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

WEST VALLEY MEDICAL AUXILIARY
CHARLOTTE SANDIFER
1717 ARLINGTON AVENUE

CALDWELL

ID 83605

CHARLOTTE SANDIFER
1717 ARLINGTON AVE.

CALDWELL ID 83605

3. Organized Under the Laws of:

ID

C 58141

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 Mary Sedlar

4220 Lincoln St

Caldwell Id 83605

1 yr. term april 30th to april 30th each year

5. NATURE OF BUSINESS

BENEVOLENT

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 Mary SedlarDate 8-6-96

Name (Typed or Printed)

Mary SedlarTitle President

ISSUED: 07-06-1996

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