

No. C 65631	Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P.O. BOX P.K. ARBON, M.D. 2860 CHANNING WAY, SUITE IDAHO FALLS ID 83401
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 R. K. ARBON, M.D., P.A. R.K. ARBON, M.D. 2860 CHANNING WAY, SUITE 10 IDAHO FALLS ID 83401		3. Organized Under the Laws of ID C 65631
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)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
PRESIDENT	R.K. ARBON, M.D.	1860 MALIBU	IDAHO FALLS, IDAHO 83404
SECRETARY	MARY ELLEN ARBON	1860 MALIBU	IDAHO FALLS, IDAHO 83404
DIRECTOR	R.K. ARBON, M.D.	1860 MALIBU, IDAHO FALLS, IDAHO 83404	
5.		6. Signature <u><i>R.K. Arbon M.D.</i></u> Date <u>7-25-97</u> Name (Typed or Printed) <u>R.K. Arbon M.D.</u> Title <u>Pres</u>	

ISSUED: 07-04-1997

(DO NOT TAPE OR STAPLE)

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