in the second se	No C11J574	Annual Report Form		2. Registered Age	int and Office NOT A P
	Return to: SECRETARY OF STATE	Due No Later Than November 1. Mailing Address - Please Correct, If Not Co	30,	JULIA W	MCCUTCHEON
1	700 WEST JEFFERSON PO 80X 83720	BRIDGES & MCCUTCHEON, JULIA W MCCUTCHEON			FRANKLIN ST
	NO FEE REQUIRED	1002 W FRANKLIN ST		80185	10 8
	* FIRST NOTICE *	BOISE ID 8	3702	 Organized Und I D 	er the Laws of:
	4. Corporations: Enter Names and Limited Liability Companies: Ent	Business Addresses of President, Secretary a ter Names and Addresses of Amanagers or	ind Directors 2 Members to	eneck one.	· · · · · · · · · · · · · · · · · · ·
	Office held Name	Street or P.O. Address		City	State
	PLESIDENT- EOU	vano Briores, M.D. SA lia W. M° Cuture and, M.D	me AS	ABoure	
	& DIRECTUIL	D. J. MEC. Lucari.		/ · · · · · · · · · · · · · · · · · · ·	A A
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	meeter				
	5.0				
	5. Signature of New Registered				
	mEitcheaur	Signature MEWS Name (Typed of Julia W.)	reer h	<u> </u>	9/18
	ISSUED: 07-03-1	Name (Typed of Jally W.)	MTWHE		
		C DO NOT TAPE OR	STAPLE \		19544
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