

No. C 54435	Annual Report Form 1996 Due No Later Than November 30,		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	1. Mailing Address - Please Correct, If Not Correct LYNN C. MCGLOTHIN, M.D., PRO LYNN C. MCGLOTHIN, M.D. 333 NORTH FIRST, #240 BOISE ID 83702		LYNN C. MC GLOTHIN, M.D. 333 NO. 1ST. #240 BOISE ID 83702 3. Organized Under the Laws of: ID C 54435
* FIRST NOTICE *			

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 held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	LYNN C. MCGLOTHIN	2543 BEVERLY	BOISE	ID	83709
SECRETARY	PATRICIA J. MCGLOTHIN	2543 BEVERLY	BOISE	ID	83709

5. NATURE OF BUSINESS MEDICAL ANY LAWFUL	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>LYNN C. MCGLOTHIN</u> Date <u>7-15-96</u> Name (Typed or Printed) <u>LYNN C. MCGLOTHIN M.D.</u> Title <u>PRES</u>
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ISSUED: 07-06-1996

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