

PETE T. CENARRUSA  
SECRETARY OF STATE

BEN YSURA  
CHIEF DEPUTY  
SECRETARY OF STATE

700 West Jefferson  
PO Box 83720  
Boise, Idaho 83720-0080  
Telephone 208 334-2300  
Facsimile 208 334-2282



STATE OF IDAHO  
SECRETARY OF STATE  
August 13, 1996

Corporations Division  
208 334-2301  
Uniform Commercial Code Division  
208 334-3191  
Facsimile 334-2847  
Trademarks/Notaries Division  
208 334-2300  
Elections Division  
208 334-2852  
Legislative and Executive Affairs  
208 334-2300  
Fiscal Division  
208 334-5355  
Computer Services  
208 334-5354

Thomas Smith M.D.  
Thomas Smith M.D., P.A. C67144  
1735 Claremont Dr  
Boise ID 83702

RE: Thomas Smith M.D., P.A. C67144

Greetings:

Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

The annual report must be signed by an authorized individual designated by the Board of the corporation.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,

A handwritten signature in cursive script that reads "Sheryl DeVries".

Sheryl DeVries  
Corporate Division

Enclosures: cited

No. <b>C 67144</b>	<b>Annual Report Form 1996</b> <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct		<b>THOMAS G. SMITH, M.D.</b> <b>1735 CLAREMONT DR</b>  <b>BOISE ID 83702</b>																			
	<b>THOMAS G. SMITH, M.D., P.A.</b> <b>THOMAS G. SMITH, M.D.</b> <b>1735 CLAREMONT DR</b>  <b>BOISE ID 83702</b>		3. Organized Under the Laws of:  <b>ID C 67144</b>																			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one) <table border="1" data-bbox="18 351 1460 532"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>THOMAS G SMITH</td> <td>1735 Claremont Drive</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>SECRETARY</td> <td>JEAN B SMITH</td> <td>1735 Claremont Drive</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	THOMAS G SMITH	1735 Claremont Drive	Boise	ID	83702	SECRETARY	JEAN B SMITH	1735 Claremont Drive	Boise	ID	83702
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SECRETARY	JEAN B SMITH	1735 Claremont Drive	Boise	ID	83702																	
5. <b>NATURE OF BUSINESS</b>  <b>MEDICAL PRACTICE</b>	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 _____ Date <b>August 12, 1996</b> Name <small>(Typed or Printed)</small> <b>JEAN B SMITH</b> Title <b>SECRETARY</b>																					

**ISSUED: 07-06-1996**
**17828**