No. C113233

Annual Report Form

Due No Later Than November 30, 1997

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

WILLIAM H. KREISLE, M.D., P.
WILLIAM H KREISLE
769 E BRAEMERE

BOISE ID 83702

2. Registered Agent and Office NOT A P.O. BOX

WILLIAM H KREISLE
769 E BRAEMERE

BOISE ID 83702

3. Organized Under the Laws of:

ID C113233

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)

Office held	Name	Street or P.O. Address	City	State	Zip
President	William H KREISLE MD	see above			
Secretary	"				
Director	"				

5. William H Kreisle MD PA

6. Signature William H Kreisle MD PA Date 8/17/97

Name (Typed or Printed) William H KREISLE MD PA Title Physician

ISSUED: 07-04-1997 DO NOT TAPE OR STAPLE 18455