-1.1.A.			Annual Report Form	1 y 9 o 2. Registered A	gent and Office I	VOT A P.O. BOX
Return to: SECRETARY OF ST 700 WEST JEFFERS PO BOX 83720 BOISE, ID 83720-00 NO FEE REQUIRI	SON 080	1. Mailing Address ST. CLAI	No Later Than November 30, Please Correct, If Not Correct R PROFESSIONAL AS ST. CLAIR, M.D.	DUANE 5966 C BOISE	L. ST. (URTISIA	CLAIR, M. N. ID 83704
* FIRST NO		BOISE	** 0 ****		nder the Laws of	
Corporations: Ente	er Names and E	usiness Addresses	ID 83704 of President, Secretary and Dire	I D	C	47693
Office held	ompanies. Litte	r Names and Addre	esses of DiManagers or DiN	fembers (check one)		
	<u>Name</u>		Street or P.O. Address	City	<u>State</u>	<u> Zip</u>
President Vice Pres			5966 Curtisian	Boise	ID	83704
			5966 Curtisian	Boise	ID	83704
Secretary	Jon Katt	tenhorn MD	5966 Curtisian	Boise	ID	83704
Signature of New	Registered A	ļ	nature <u>Alle</u>	Date		98
		Nam	Name (Typed or Duane St Clair		Title President	
ISSUED:	07-03-19	98	NOT TAPE OR STAP		21395	
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