No. C 91590

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

**NO FEE REQUIRED**

* FIRST NOTICE *

# Annual Report Form

*Due No Later Than November 30,* 1996

1 Mailing Address - Please Correct If Not Correct

IDAHO SURGICAL CARE, P.A.
KENNETH J. WELKER, M.D.
901 NORTH CURTIS ROAD
303 ST. ALPHONSUS MEDICAL BLDG
BOISE ID 83706

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

KENNETH J. WELKER, M.D.
901 NORTH CURTIS ROAD SUITE 303 ST. ALPHONSUS MEDICAL BLDG
BOISE ID 83706

3. Organized Under the Laws of:

ID C 91590

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 | KENNETH J. WELKER,M.D. | 901 N.CURTIS#303 | BOISE | ID | 83706 |
| SECRETARY | JEANETTE WELKER | 7885 VUE ESTATES | MERIDIAN | ID | 83642 |
| DIRECTORS: | KENNETH J. WELKER, MD. | | | | |
| | JEANETTE WELKER | | | | |

5.
NATURE OF BUSINESS

MEDICAL SERVICE

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 3-19-

Name (Typed or Printed) KENNETH J. WELKER, M.D. Title PRESIDENT

ISSUED: 07-06-1996

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