

Annual Report Form
Due No Later Than November 30,

1998

NOT A P.O. BOX

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

LEWISTON EYE CLINIC, P.A.
E. M. BALDECK
2214 VINEYARD AVENUE

LEWISTON ID 83501

EUGENE M. BALDECK
2214 VINEYARD AVENUE

LEWISTON ID 83501

3. Organized Under the Laws of:

ID C 45734

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 EUGENE M. BALDECK 2214 Vineyard Ave Lewiston Id 83501

5. Signature of New Registered Agent

6.

Signature

Date

Name (Typed or Printed)

Title

Eugene M. Baldeck 8/3/98
EUGENE M. BALDECK Pres.

ISSUED: 07-03-1998

↓ DO NOT TAPE OR STAPLE ↓

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