

No. C 81219	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct MICHAEL L. HENBEST, M.D., P. MICHAEL L. HENBEST, M.D. 999 NORTH CURTIS, STE. 435 1075 N CURTIS STE 200 BOISE ID 83736-1309		MICHAEL L. HENBEST, M.D. 999 NORTH CURTIS, STE. 4 BOISE ID 83736 3. Organized Under the Laws of:	
* FIRST NOTICE *				
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
President	Michael L. Henbest, MD	1075 N. Curtis Rd, #200	Boise	ID 83706
Secretary	Margaret A. Henbest	6441 Plantation Lane	Boise	ID 83703
5. NATURE OF BUSINESS NEUROSURGEON		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 <u><i>Michael L. Henbest</i></u> Date <u>9/13/96</u> Name (Typed or Printed) <u>Michael L. Henbest, MD</u> Title <u>President</u>		

ISSUED: 07-06-1996

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