

October 18, 1996

J.M. Lackey, M.D.  
J.M. Lackey, M.D., P.A. C65536  
1448 E. Center  
Pocatello ID 83201

RE: J.M. Lackey, M.D., P.A. C65536

Greetings:

Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the names and addresses of the officers in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries  
Corporate Division

Enclosures: cited

No.

C 65536

## 1990

1990

*Due No Later Than November 30.*

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

J.M. LACKEY, M.D.  
1448 E. CENTER

POCATELLO ID 83201

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

**NO FEE REQUIRED**

**\*\* FINAL NOTICE \*\***

**1. Mailing Address - Please Correct, If Not Correct**

J.M. LACKEY, M.D., P.A.  
J.M. LACKEY, M.D.  
1448 E. CENTER

POCATELLO ID 83201

3. Organized Under the Laws of:

ID C 65536

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**

5. NATURE OF BUSINESS

PHYSICIAN

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 \_\_\_\_\_

10/15/96

Name (Typed or Printed)

### Title

M. J. Grey

~~ISSUED: 10-05-1996~~

~~459~~

( DO NOT TAPE OR STAPLE )