

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

Sheryl DeVries
Corporate Division

Enclosures: cited

No. C 65536

Annual Report Form 1990
Due No Later Than November 30,

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

** FINAL NOTICE **

1. Mailing Address - Please Correct, If Not Correct

J.M. LACKEY, M.D., P.A.
J.M. LACKEY, M.D.
1448 E. CENTERJ.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)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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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 J.M. Lackey Date 10/15/96Name (Typed or Printed) J.M. Lackey Title M.D. G.P.

ISSUED: 10-05-1996

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DO NOT TAPE OR STAPLE