No.	C113884	Annual Report Form 1996	2. Registered Agent and Office **NOT A P.O. BOX**

Annual Report Form 1996
Due No Later Than November 30,

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

MICHELE L. BOYER, M.D., CHAR

339 ALLUMBAUGH

BOISE   ID 83704

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

MICHELE L BOYER
339 ALLUMBAUGH

BOISE   ID   83704

3. Organized Under the Laws of:

ID   C113884

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	michele Boyer	339 N Allumbaugh	Boise	ID	83704
Secretary	marc Bostick	339 N Allumbaugh	Boise	ID	83704

5.

NATURE OF BUSINESS

MEDICINE

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 ✗ *Michele Boyer* Date 7-22-96

Name (Typed or Printed) michele Boyer   Title President

ISSUED: 07-06-1996   19158