No. C 50830

Annual Report Form 1998

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

SMITH CLINIC, P.A.
OLIVER D. SMITH, M.D.
825 SOUTH BOULEVARD

IDAHO FALLS ID 83402

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

DOUGLAS R. SMITH
825 SOUTH BOULEVARD

IDAHO FALLS ID 83401

3. Organized Under the Laws of:

ID C 50830

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
Pres	Oliver D. Smith M.D.	825 So. Boulevard	Idaho Falls	Id	83401
Sec.	Douglas R. Smith M.D.	825 So. Boulevard	Idaho Falls	Id	83401

5. Signature of New Registered Agent

6.

Signature DRSmith MD Date 2-13-98

Name (Typed or Printed) _____ Title _____

ISSUED: 07-03-1998

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DO NOT TAPE OR STAPLE