

No. C 74467

## Annual Report Form

1997

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

1 Mailing Address Please Correct If Not Correct

GREFENSON CLINIC, P.C. (THE)

~~MARK E GREFENSON, MD~~ *Retired*

P O BOX 1864

*H. PETER DOBLE II, MD*

TWIN FALLS

ID 83303 1804

~~MARK E GREFENSON, MD~~115 FALLS AVE W *Retired**H. PETER DOBLE II, MD*

TWIN FALLS ID 83301

3 Organized Under the Laws of

ID

C 74467

## \* FIRST NOTICE \*

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

|           |                        |                 |                |       |
|-----------|------------------------|-----------------|----------------|-------|
| President | H. Peter Doble, II, MD | 3399 Willow Way | Twin Falls, ID | 83301 |
| Secretary | Larry D. Maxwell, MD   | 790 Academic    | Twin Falls, ID | 83301 |
| Treasurer | John A. Boyajian, MD   | 3086 Laurelwood | Twin Falls, ID | 83301 |

5.

6.

Signature

*H. Peter Doble II, MD*

Date

7-30-97

Name

(Typed or Printed)

*H. PETER DOBLE II, MD*

Title

PRESIDENT

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

6166