

November 20, 1997

DAVID MILLER
DAVID C MILLER MC PA C 47696
376 S 19TH AVE
POCATELLO ID 83201

RE: DAVID C MILLER MC PA C 47696

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.

Pursuant to section 30-1-120(6) the annual report must be signed by an officer of the corporation or the chairman of the board of directors.

The corrected annual report must be received in this office before December 1, 1997 to avoid being subject to administrative dissolution. If you wish to let the corporation administratively dissolve, disregard any future notices you may receive.

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 47696	Annual Report Form <i>Due No Later Than November 30,</i>	1997	2. Registered Agent and Office NOT A P.O. BOX DAVID C. MILLER 376 SOUTH 19TH AVENUE POCATELLO ID 83201
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 DAVID C. MILLER, M. C., P. A DAVID C. MILLER 376 S. 19TH AVE. POCATELLO ID 83201		3. Organized Under the Laws of: ID C 47696
** FINAL NOTICE **			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> 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>
President	Phyllis Ann Miller	376 S. 19th Ave.	Pocatello, Idaho 83201
Secretary	-----		
Director	Phyllis Ann Miller	376 S. 19th Ave.	Pocatello, Idaho 83201
5. NATURE OF BUSINESS: MEDICAL PRACTICE		6. Signature _____ Date _____ Name (Typed or Printed) _____ Title _____	

ISSUED: 10-04-1997

(DO NOT TAPE OR STAPLE)

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