lo. C 47113	Annual Report Form 1999 Due No Later Than November 30,	2. Registered Ager		IOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	Mailing Address - Please Correct, If Not Correct MOSCOW FAMILY MEDICINE P.A.	623 SOU		•
PO BOX 83720 BOISE, ID 83720-0080	DAVID D. SHUPE, M.D. 623 S. MAIN	MOSCOW	1	D 83843
NO FEE REQUIRED	JES SE MAIN	3. Organized Under the Laws of:		
* FIRST NOTICE *	MOSCOW ID 83843	ID	c	47113
	usiness Addresses of President, Secretary and Directors Names and Addresses of Amanagers or Members (continuous)	check one)		1811
Office held Name	Street or P.O. Address	<u>City</u>	State	Zip
RESOUT WAYNE RU	623 S MALN	Mosconi	(D)	63845
SECRETARY DAVID AYO	n 623 S MARN	phoseon	aı	83843
represent Francis St		પ.	ص	4
DAVID SH		6.	*	·
		٠.	٠	⊸
DENHIS PE		بر	•	₩
DAN SC	wiot			
Signature of New Registered	Signature Usun Xuv	Date .	7.15.	99
	Name Printed or TETER BERGEN	Title .	Aours	usuranop-
ISSUED: 07-03-19	999	30146		