

No. C102600

Annual Report Form

Due No Later Than November 30,

1996

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

KETCHUM MEDICAL CLINIC, P.A.
P SCOTT MCLEAN JR MD
PO BOX 2198

P SCOTT MCLEAN JR MD
251 MAIN ST SOUTH

KETCHUM ID 83340

3. Organized Under the Laws of:

ID C102600

* FIRST NOTICE *

KETCHUM ID 83340

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	P Scott McLean Jr MD	PO BOX 2198	KETCHUM	IDAHO	33340
Secretary	John A T Ross MD	PO BOX 2198	KETCHUM	IDAHO	83340
Treasure	Craig H Cox MD	PO BOX 2198	KETCHUM	IDAHO	83340

5. NATURE OF BUSINESS
MEDICAL SERVICES

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 Donna Sweasey Date 7/18/96Name (Typed or Printed) Donna Sweasey Title Clinic Manager

ISSUED: 57-06-1996

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