

No. 105660

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1994

2. Registered Agent and Office

CT CORPORATION SYSTEM
300 N 6TH ST

BOISE ID 83701

3. Incorporated Under The Laws

of ID
NO: 106666

Return To

Secretary of State
Room 203, Statehouse
P.O. BOX 83720
Boise, ID 83720-0080* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address

MOLLEN CLINICS, P.A.
ARTHUR J MOLLEN
4602 N 16TH ST #200

PHOENIX AZ 85016

4. Names and Addresses of Officers and Directors

~~MUST BE PRINTED OR TYPED~~

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Arthur J Mollen D.O.	4602 N 16TH ST #200	Phoenix	AZ	85016
Secretary:					
Directors:					

5. Nature of Business

IMMUNIZATION CLINIC

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

Name (Typed or Printed)

Arthur J Mollen D.O.

Date

Title

07/15/94
President