

Due No Later Than November 30,

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

GENESIS MEDICAL CENTER PROFE
KARL NORMAN WATTS
10255 W OVERLAND RD

BOISE

ID 83709

KARL NORMAN WATTS
10255 W OVERLAND RD

BOISE ID 83709

3. Organized Under the Laws of:

ID W 6352

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 heldNameStreet or P.O. AddressCityStateZip

KARL N WATTS

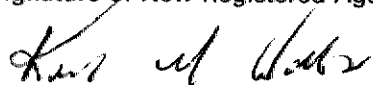
10255 W OVERLAND

BOISE

ID

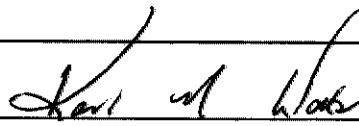
83709

5. Signature of New Registered Agent



6.

Signature



Date

10 Aug 98

Name (Typed or Printed)

KARL N WATTS

Title

ISSUED: 07-03-1998

4085

DO NOT TAPE OR STAPLE