No. W 6352

Annual Report Form 1999

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

2. Registered Agent and Office **NOT A P.O. BOX**

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 held	Name	Street or P.O. Address	City	State	Zip
MANAGER	KARL N WATTS MD	10255 W OVERLAND	BOISE	ID	83709
MANAGER	SUSIE DIXON MD	"	"	"	"

5. Signature of New Registered Agent

Karl N Watts

6.

Signature Karl N Watts Date 25 Aug 99

Name (Typed or Printed) KARL N WATTS Title MANAGER

ISSUED: 07-03-1999

5560