lo. C 97058		ual Report Form 1 ater Than November 30,		ent and Office NOT		
eturn to: E SECRETARY OF STATE	1. Mailing Address - Pl	1. Mailing Address - Please Correct, If Not Correct		ANTHONY F KAISER 1534 Shenandoah dr		
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ANTHUNY F	ICAL & SURGICAL/ KAISER	L BCISE	ID	83712	
NO FEE REQUIRED	412 E 41ST	ST #3C	3. Organized Unc	ler the Laws of:		
* FIRST NOTICE		ID 83714	in A	C 97	7058	
Limited Liability Companies	s: Enter Names and Addresse	_	ors nbers (check one)	and and a second se		
<u>Office held</u> <u>Na</u>	ame <u>St</u>	treet or P.O. Address	City	State	Zip	
Signature of New Regist	Signat	Anthony 5 Kai	Lser	12-17-99 President	;	
Signature of New Regist	-	Anthony 5 Kai			t	