




<b>No.</b> 40147  <b>Return To</b> <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b> <b>Due No Later Than November 1, 1991</b> <b>1. Mailing Address Please Correct If Not Correct</b>  GILBERT A. BACON, M.D., P.A. GILBERT A. BACON, M.D. 527 S. 12TH AVE.  POCATELLO ID 83201	<b>2. Registered Agent and Office NOT A P.O. BOX</b>  GILBERT A. BACON, M.D. 1352 E. CENTER ST.  POCATELLO ID 83201 <b>3. Incorporated Under The Laws</b> of ID  <b>NO: 040147</b>																								
<b>4. Names and Addresses of Officers and Directors</b> <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td><b>President:</b></td> <td>Gilbert A. Bacon, M.D.</td> <td>527 So 12th</td> <td>Pocatello,</td> <td>ID</td> <td>83201</td> </tr> <tr> <td><b>Secretary:</b></td> <td>Gilbert A. Bacon, M.D.</td> <td>527 So 12th</td> <td>Pocatello,</td> <td>ID</td> <td>83201</td> </tr> <tr> <td><b>Directors:</b></td> <td>Gilbert A. Bacon, M.D.</td> <td>527 So 12th</td> <td>Pocatello,</td> <td>ID</td> <td>83201</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<b>President:</b>	Gilbert A. Bacon, M.D.	527 So 12th	Pocatello,	ID	83201	<b>Secretary:</b>	Gilbert A. Bacon, M.D.	527 So 12th	Pocatello,	ID	83201	<b>Directors:</b>	Gilbert A. Bacon, M.D.	527 So 12th	Pocatello,	ID	83201
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<b>5. Nature of Business</b>  Medical & Surgical	<b>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</b>  <table border="0"> <tr> <td><b>Signature</b> </td> <td><b>Date</b> 7-9-91</td> </tr> <tr> <td><b>Name (Typed or Printed)</b> Gilbert A. Bacon</td> <td><b>Title</b> President</td> </tr> </table>		<b>Signature</b> 	<b>Date</b> 7-9-91	<b>Name (Typed or Printed)</b> Gilbert A. Bacon	<b>Title</b> President																				
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