

Annual Report Form
Due No Later Than November 30,

1998

Registered Agent and Office NOT A P.O. BOX

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

SAND CREEK MEDICAL SALES AND
GARY D. RENCH
P.O. BOX 974

SANDPOINT ID 83864

GARY D. RENCH
306 1/2 NORTH FIRST AVENUE

SANDPOINT ID 83864

3. Organized Under the Laws of:

ID C 89901

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

| | | | | | |
|------------|--------------|------------------|-----------|----|-------|
| Pres. | GARY RENCH | PO BOX 1415 | SANDPOINT | ID | 83864 |
| Sec/Treas. | Sharon RENCH | P 207 S. Lincoln | SANDPOINT | ID | 83864 |

5. Signature of New Registered Agent

6.

Signature

Gary Rench

Date

7/22/98

Name (Typed or Printed)

GARY RENCH

Title

Pres.

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

30461