

No. C 61787	Annual Report Form 1997 <i>Due No Later Than November 30,</i>	2 Registered Agent and Office NOT A P O BOX CANTRIL NIELSEN 319 N ALLUMBAUGH STREET BOISE ID 83704
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 CANTRIL NIELSEN, M.D., P.A. 319 NORTH ALLUMBAUGH STREET BOISE ID 83704	3. Organized Under the Laws of ID C 61787
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)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<i>President</i>	<i>Cantril Nielsen</i>	<i>319 N. Allumbaugh</i>
<i>Secretary</i>	<i>Sharon Nielsen</i>	<i>319 N. Allumbaugh</i>
<u>City</u>	<u>State</u>	<u>Zip</u>
<i>Boise</i>	<i>ID</i>	<i>83704</i>
<i>Boise</i>	<i>ID</i>	<i>83704</i>
5.	6. Signature <u><i>[Signature]</i></u> Date <u><i>01.1.97</i></u> Name (Typed or Printed) <u><i>Cantril Nielsen, M.D.</i></u> Title <u><i>President</i></u>	

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

20657