

October 31, 1996

Douglas K. Reilly MD
Douglas K. Reilly M.d., P.C. C83577
1970 E. 17th #113
Idaho Falls ID 83404

RE: Douglas K. Reilly M.d., P.C. C83577

Greetings:

Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the names and addresses of the officers in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries
Corporate Division

Enclosures: cited

No. C 83577	Annual Report Form 1990 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX DOUGLAS K. REILLY, M.D. 2280 E. 25TH STREET IDAHO FALLS ID 83401
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct DOUGLAS K. REILLY M.D., P.C. DOUGLAS K REILLY MD BOX 2077 1970 E. 17th #113 IDAHO FALLS ID 834038344		3. Organized Under the Laws of: WY C 83577

4. Corporations: Enter Names and 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
<i>Original signed formed is being sent Neil Mortenson</i>					

5. NATURE OF BUSINESS MEDICAL	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Douglas K. Reilly M.D. P.C.</u> Date <u>10/29/96</u> Name (Typed or Printed) <u>DOUGLAS K. REILLY</u> Title <u>PRESIDENT</u>
--------------------------------------	---

ISSUED: 10-05-1996

(DO NOT TAPE OR STAPLE)

2159