Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ## FINAL NOTICE ## NO FEE REQUIRED ** BOISE **	No. 94803	4	n Annual Report Form				T A P.O. BOX
Secretary of State Room 203, Statehouse Boise, ID 83720 JERRY D DOKE, PHD 412 EAST 41ST ST #5A ** FINAL NOTICE ** NO FEE REQUIRED BOISE ID 83714 0000 No: 94803 4. Names and Addresses of Officers and Directors Name Street or PO. Address City State Zip President: JEPCY D. DOLE Ph.D. SSCRETARY: MARY A. DOLE Directors: 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.		Due No Later Than November 1, 1. Mailing Address - Please Correct If Not Correct		JERRY D DOKE PHD 412 EAST 41ST ST #5A			
** FINAL NOTICE ** NO FEE REQUIRED ** BOISE ** BOISE ** ID 83714 0000 ** No: 94803 4. Names and Addresses of Officers and Directors ** Name ** Street or PO. Address ** City ** State ** Secretary: MARY A. DOKE, Directors: ** Of ID No: 94803 ** State ** Directors ** Officers and Directors ** Name ** Street or PO. Address ** Officers ** Officers ** Officers ** State ** Directors ** Officers ** Off	Room 203, Statehouse	COMMUNITY SUP	PORT INC.	BOISE ID 83714 00			
President: JEPCY D. DOCE Ph.D. 5594 MARCHEFE AVE., BOISE FD 83709 Secretary: MARY A. DOKE, Directors: 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.	** FINAL NOTICE **	412 EAST 41ST	ST #5A	of	[I.D	he Laws	
President: JEPRY D. DOKE, Ph.D. Secretary: mary a. Doke, Directors: 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.	1. Names and Addresses of Officer				*		
Secretary: MARY A. Doke, Directors: 5. Nature of Business 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.		Name	-				
true, correct and complete.					**	**	"
true, correct and complete.	Secretary: MARY A. DOK			i.	"	••	"
II TT	Secretary: MARY A. DOK		•	×.	e .	4	••
Heath Services Signature JERRY D. Doke M.D. Date 10-9-92 Name Princes JERRY D. DOKE, Ph.D. Title Drisident	Secretary: MARY A. Dor Directors:	6. I certify that the true, correct is	this <u>Annual</u> Report has been exal	mined by n	ne and is to the	best of my	knowledge