

97113

INSTRUCTIONS ON REVERSE SIDE PLEASE TYPE OR PRINT

No. Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992 1. Mailing Address - Please Correct If Not Correct STEPHEN A. MOSS, M.D., P.A. STEPHEN A MOSS 700 IRONWOOD #202 COEUR D'ALENE ID 83814 0000	2. Registered Agent and Office NOT A P.O. BOX STEPHEN A MOSS, M.D. 700 IRONWOOD #202 COEUR D'ALENE ID 83814 3. Incorporated Under The Laws of ID NO: 97113																								
4. Names and Addresses of Officers and Directors <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>President:</td> <td>STEPHEN A MOSS, MD</td> <td>3619 CANYON DRIVE</td> <td>COEUR D'ALENE</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Secretary:</td> <td>BEVERLY MOSS</td> <td>3619 CANYON DRIVE</td> <td>COEUR D'ALENE</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	STEPHEN A MOSS, MD	3619 CANYON DRIVE	COEUR D'ALENE	ID	83814	Secretary:	BEVERLY MOSS	3619 CANYON DRIVE	COEUR D'ALENE	ID	83814	Directors:					
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Directors:																										
5. Nature of Business OPHTHALMOLOGY MEDICAL OFFICE	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><i>S. A. Moss</i></u> Date <u>20 Oct 1992</u> Name (Typed or Printed) STEPHEN A MOSS Title PRESIDENT																									