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| No. C 53686  | <b>Annual Report Form</b> 1995<br>Due No Later Than November 30,                                     | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>                         |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br>* FIRST NOTICE * | 1. Mailing Address - Please Correct, If Not Correct  | PAUL H. DAINES<br>455 WASHINGTON   |
|  | PAUL H. DAINES, M.D., P.A.<br>DAINES MOUNTAIN STATES CL<br>455 WASHINGTON<br><br>MONTPELIER ID 83254 | MONTPELIER ID 83254<br><br>3. Organized Under the Laws of:<br><br>ID C 53686 |

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      |
|-------------|----------------|------------------------|------------|------------|----------|
| Pres.       | PAUL H. DAINES | 455 Wash.              | Montpelier | Vt.        | 83254    |
| Sec         | Eve C. Dayton  | 318 2nd E              | Bennington | Montpelier | ID 83254 |

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| 5. NATURE OF BUSINESS<br><i>Medical Doctor</i><br>ANY LAWFUL | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br>Signature <i>Paul H. Daines</i> Date <u>7-15-96</u><br>Name (Typed or Printed) <u>PAUL H. DAINES</u> Title <u>Pres.</u> |
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ISSUED: 07-06-1996

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