

Annual Report Form

1998

Due No Later Than November 30,

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

IDAHO FALLS CLINIC, P.A.

2001 SOUTH WOODRUFF, STE. 15

IDAHO FALLS

ID 83404

2. Registered Agent and Office NOT A P.O. BOX

CHRISTINE CLARK
2001 S. WOODRUFF, STE.

IDAHO FALLS ID 83404

3. Organized Under the Laws of:

ID

C 44739

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)

Office held

Name

Street or P.O. Address

City

State

Zip

President

Alan G. Avondet, M.D.

Director

Leland K. Krantz, M.D.

Director

Margaret A. Wagner, M.D.

Director

James M. David, M.D.

2001 S. Woodruff Ave.,
Suite #15
Idaho Falls, ID 83404

5. Signature of New Registered Agent

6.

Signature



Date 07/20/98

Name (Typed or Printed)

Alan G. Avondet, M.D.

Title

President

ISSUED: 07-03-1998

9102

DO NOT TAPE OR STAPLE