No. C 44240	Annual Report Form 190	7 2. Registered Agent and	Office NOT A P.O. BOX
Return to: SECRETARY OF STATE	Due No Later Than November 30,  1. Mailing Address - Please Correct, If Not Correct	M.J. SHARP	. M.D.
700 WEST JEFFERSON	M. J. SHARP, M.D., P.A.	240 N. 18T	AVE.
PO BOX 83720 BOISE, ID 83720-0080	MERRILL J. SHARP, M.D. 330 SOUTH 7TH AVE	POCATELLO	ID 83201
NO FEE REQUIRED	A A A A A A A A A A A A A A A A A A A	3. Organized Under the L	aws of:
* FIRST NOTICE *	POCATELLO ID 83201	ID	C 44240
. Corporations: Enter Names and	Business Addresses of President, Secretary and Directors ter Names and Addresses of Managers or Member		
Office held Name	an entre the area	s (check one)	
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