

October 21, 1997

John M Livingston MD
Idaho Trauma Services PLLC W1930
999 N Curtis Rd Ste 415
Boise ID 83706

RE: Idaho Trauma Services PLLC W1930

Greetings:

Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the name(s) and address(es) and the appropriate box in block 4 are complete. Idaho law requires that at least one (1) manager/member of the limited liability company be listed.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,

Sheryl DeVries

Sheryl DeVries
Corporate Division

Enclosures: cited

No. W 1930

Annual Report Form
Due No Later Than November 30, 1997

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

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED**** FINAL NOTICE ****

1. Mailing Address - Please Correct, If Not Correct

IDAHO TRAUMA SERVICES PLLC
JOHN M LIVINGSTON, M.D.
999 N CURTIS RD STE 415

DALE G HIGER**999 MAIN ST STE 1015****BOISE ID 83702**

3. Organized Under the Laws of:

ID W 1930

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 heldNameStreet or P.O. AddressCityStateZip

5. SIGNATURE OF CURRENT RA

6.

Signature

Name Typed or
Printed*John M Livingston*Date *10/15/97*Title *M.D.*

ISSUED: 10-04-1997

1150

DO NOT TAPE OR STAPLE