

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

SELAH MEDICAL CENTER, P.A.
BRYAN POGUE
6565 WEST EMERALD

BOISE

ID 83704

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

BRYAN C POGUE
6565 WEST EMERALD

BOISE

ID 83704

3. Organized Under the Laws of:

ID

C113890

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

President

Bryan C. Pogue, MD

6565 West Emerald

Boise ID 83704

Secretary

Andrea Pogue

6565 West Emerald

Boise, ID 83704

5. Signature of New Registered Agent

6.

Signature



Date

7/21/98

Name (Typed or Printed)

Bryan C. Pogue, MD

Title

President

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

21504