

No. C 46611	<b>Annual Report Form</b> 1996 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct		CHARLES R. BOGE, M.D. 1452 THREE FOUNTAINS DRIVE
	CHARLES R. BOGE, P.A. CHARLES R. BOGE 1452 THREE FOUNTAINS DRIVE  IDAHO FALLS ID 83404 5641		IDAHO FALLS ID 83404  3. Organized Under the Laws of:  ID C 46611

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
President	Charles R. Boge	1452 Three Fountains Dr	Idaho Falls	Idaho	83404-5641
Sec	L. Idneice Boge	"	"	"	"

5. NATURE OF BUSINESS  MEDICINE	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Charles R. Boge, M.D.</u> Date <u>10 Oct 96</u> Name (Typed or Printed) <u>Charles R. Boge, M.D.</u> Title <u>President</u>
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ISSUED: 07-06-1996

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