د اس No.	5 j 8			Report Form	1997	2. Registered Ag	ent 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				ROBERT L CLARK 657 UNIVERSITY DP POCATELLO ID 33201 3. Organized Under the Laws of:		
PO BOX 83720 BOISE, ID 83720-	700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		TEX RENT LLC ROBERT L CLARK 657 UNIVERSITY DR					
NO FEE REQUIRED								
** FINAL N			TELLO	ID 832		ID	<u> </u>	3508
Corporations: El Limited Liability	nter Names and E Companies: Ente	usiness Ad r Names an	dresses of Pres id Addresses of	ident, Secretary and Managers or	Directors Members (c	check one)		
A and	<u>Name</u>		Street	or P.O. Address		City	State	.' <u>Zip</u>
T's Pt clinical								
Manager	Robert 1	. Clark	. 657	university I	or Po	catello	Icl.	8320/
Manager	Robert l	. Clark		university I	or lo	catello	Fc(8320/
Manager	Robert l		6. Signature	Jalus	L Clar	al Date	Fal 10-17 RA	
SIGNATURE ISSUED:	OF CURR	NT RA	6. Signature	Jaluh Robert	LO	al Date	<u>:</u> _10-17	
	OF CURR	NT RA	6. Signature	Jaluh Robert	Lalar	al Date	10-17 RA	