

No. C 97355	<b>Annual Report Form</b> 1996 Due No Later Than November 30,		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  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  MALCOLM R. ARNOLD, M.D., P.A. MALCOLM R ARNOLD <del>320 TROY AVE</del> 3010 Brook Mill Raleigh, NC 27612 Dr # 302 <del>IDAHO FALLS</del> 557 ID 83402		MALCOLM R ARNOLD 3230 TROY AVE  IDAHO FALLS ID 83402  3. Organized Under the Laws of:  ID C 97355																						
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <u>Inactive company</u> <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>(President of Inactive Company)</td> <td>Malcolm R. Arnold</td> <td>3010 Brook Mill Drive, Apt # 302</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Raleigh, NC 27612</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>For further questions please contact: Rudd + Company - 725 S. Woodruff Ave          FH: Brian Hull, Idaho Falls, ID 83401</p> <table border="1"> <tr> <td data-bbox="28 680 536 828">           5. NATURE OF BUSINESS             MEDICAL PRACTICE         </td> <td colspan="2" data-bbox="536 680 1470 828">           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>Jeanette Arnold</u> Date <u>7-22-96</u>            Name (Typed or Printed) _____ Title <u>Former Director</u> </td> </tr> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	(President of Inactive Company)	Malcolm R. Arnold	3010 Brook Mill Drive, Apt # 302						Raleigh, NC 27612				5. NATURE OF BUSINESS  MEDICAL PRACTICE	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>Jeanette Arnold</u> Date <u>7-22-96</u> Name (Typed or Printed) _____ Title <u>Former Director</u>	
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ISSUED: 07-06-1996

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