

No.

C 76229

Annual Report Form

Due No Later Than November 30, 1996

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

1. Mailing Address - Please Correct, If Not Correct

RICHARD C. RIPPLE, JR., M.D.,
RICHARD C. RIPPLE, JR., M.D.
1515 WARM SPRINGS AVE.

RICHARD C. RIPPLE, JR., M.D.
1515 WARM SPRINGS AVE.

BOISE ID 83712

3. Organized Under the Laws of:

* FIRST NOTICE *

BOISE ID 83712

ID C 76229

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 heldNameStreet or P.O. AddressCityStateZip

President	Richard C. Ripple, Jr.	1515 Warm Springs	Boise	ID	83712
Secretary	Martha R. Ripple	1515 Warm Springs	Boise	ID	83712

5. NATURE OF BUSINESS

MEDICAL SERVICES

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 Martha R. RippleDate 7/15/96Name (Typed or Printed) MARTHA R. RIPPLETitle Secretary

ISSUED: 07-06-1996

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