

No. C109270

Annual Report Form  
Due No Later Than November 30,Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

NO FEE REQUIRED

\*\* FINAL NOTICE \*\*

1. Mailing Address - Please Correct, if Not Correct

TWO RIVERS MEDICAL CLINIC, P  
DELAND R BARR  
683 EAST THIRD

WEISER

ID 83672

DELAND R BARR  
683 EAST THIRD

WEISER ID 83672

3. Organized Under the Laws of:

ID C109270

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/ DIRECTOR DELAND R. BARR 1115 E. 9TH ST WEISER ID 83672

SEC. TONY EDMONDSON 598 PIONEER RD WEISER ID 83672

5. Signature of New Registered Agent

6.

Signature

Date

10-19-88