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| No. C 92412 | Annual Report Form 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 NO FEE REQUIRED * FIRST NOTICE * | 1. Mailing Address - Please Correct, If Not Correct | | DR. DANIEL K. HINCKLEY 2065 E 17TH ST IDAHO FALLS ID 83401 |
| | DANIEL K. HINCKLEY, M.D., P. DR. DANIEL K. HINCKLEY 2065 E 17TH ST IDAHO FALLS ID 83401 | | 3. Organized Under the Laws of: ID C 92412 |

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 | Daniel K. Hinckley | 4780 Sagewood | Idaho Falls | ID | 83406 |

5. NATURE OF BUSINESS
PRACTICE OF 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 *Daniel K. Hinckley* Date 8/8/96

Name (Typed or Printed) Daniel K. Hinckley Title President

ISSUED: 07-06-1996

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