

Annual Report Form

1998

2. Registered Agent and Office NOT A P.O. BOX

Due No Later Than November 30,

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

LORELI SMITH, M.D., P.A.
LORELI SMITH, M.D.
24970 KENRIDGE RD

CALDWELL

ID 83605

LORELI SMITH, M.D.
24970 KENRIDGE RD

CALDWELL

ID 83605

3. Organized Under the Laws of:

ID

C119679

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 Loreli Smith, MD 24970 Kenridge Rd Caldwell ID 83605
Secretary Russell Smith 24970 Kenridge Rd Caldwell, ID 83605

Directors = Same as above


5. Signature of New Registered Agent

6.

Signature

Name

(Typed or
Printed)


Loreli Smith, MD

Date

8-4-98

Title

President

ISSUED: 07-03-1998

13250

DO NOT TAPE OR STAPLE