

No. C 50474	Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P.O. BOX NOAH W. KLEIN, M.D. 4747 JOHNNY CREEK RD POCATELLO ID 83204		
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 NOAH W. KLEIN, M.D., P.A. NOAH W. KLEIN, M.D. 4747 JOHNNY CREEK RD POCATELLO ID 83204		3. Organized Under the Laws of: ID C 50474		
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)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Noah W. Klein MD	4747 Johnny Creek	Pocatello	ID	83204
Sec TREAS	Beverly A Klein	4747 Johnny Creek	Pocatello	ID	83204
5.		6. Signature Date <u>8/26/97</u> Name (Typed or Printed) <u>NOAH W. Klein MD</u> Title <u>Pres</u>			

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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