

Annual Report Form
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	
	SOUTHWAY INTERNISTS P.L.L.C. SHARON ALBRIGHT JUDY HARRIS 222 SOUTHWAY	
	LEWISTON	ID 83501
	3. Organized Under the Laws of: ID W 514	

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
Patricia Brady		222 Southway	Lewiston	Id	83501
Jane F Pfleger		222 Southway	Lewiston	Id	83501
Barbara K Davis		222 Southway	Lewiston	Id	83501

5. SIGNATURE OF CURRENT RA

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 Judy Harris Date 8-5-96
 Name (Type or Print) Judy Harris Title Office manager
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ISSUED: 37-08-1996