

No. C 92811	<b>Annual Report Form</b> 1996 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct		SCOTT P. ESKELSON 435 E. STREET
	LYNN P. ESKELSON, M.D., P.A. LYNN P. ESKELSON 485 E. STREET		IDAHO FALLS ID 83402
	IDAHO FALLS ID 83402		3. Organized Under the Laws of:  ID C 92811

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
Pres	Lynn P. Eskelson	599 Green Circle	Preston	Id.	83263
Sec	Scott P. Eskelson	485 E St.	Id Falls	Id	83402

5. NATURE OF BUSINESS  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 <u>Scott P. Eskelson</u> Date <u>7-16-96</u> Name (Typed or Printed) <u>Scott P. Eskelson</u> Title <u>Sec.</u>

ISSUED: 07-06-1996

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