| | | Annual Report Form Due No Later Than November 30, 1. Mailing Address - Please Correct, If Not Correct FIRST CALL HEALTH SERVICES, JANNA H CLARK PO 80X 9002 MOSCOW ID 83843 Addresses of President, Secretary and Directors er Names and Addresses of Managers or Members | | | | 2. Registered Agent and Office NOT A P.O. BOX JANNA H CLARK 201 N MAIN MOSCOW ID 83843 3. Organized Under the Laws of: ID C114857 (check one) | | |
|-------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|
| Office held | <u>Name</u> | | Street or | P.O. Address | | City | <u>State</u> | <u>Zip</u> |
| PRESIDENT | JANNA | H. CLAR | K P. O. | BOX 90 | 02 | MOSCOW | IDAHO | 83843 |
| SECRETARY | JERRI | M. MC G | ARRAH P. | 0. BOX | 9002 M | MOSCOW | IDAHO | 83843 |
| NATURE OF | ut HO | ME | I certify that the knowledge true Signature Name (Typed or Printed) | me, correct a | eport has been and complete | L Dat | 8/101 | 96 |
| ISSUED: | HE 37-06-19 | ALTH 96 | Printed) — | | | | 26641 | |