No. C 68656

Annual Report Form

Due No Later Than November 30, 1997

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

THOMAS L. LAWRENCE, M.D., P.
THOMAS L. LAWRENCE
1327 SUPERIOR

SANDPOINT ID 83864

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

THOMAS L. LAWRENCE
1327 SUPERIOR

SANDPOINT ID 83864

3. Organized Under the Laws of:

ID C 68656

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 held	Name	Street or P.O. Address	City	State	Zip
PRES	THOMAS L LAWRENCE	1327 Superior	Sandpoint	ID	83864
SEC	DEBRA LAWRENCE	"	"	"	"

5.

6. Signature Debra A Lawrence Date 10.7.97

Name (Typed or Printed) DEBRA A LAWRENCE Title Secretary

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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