


No. W 143	Annual Report Form 1996 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		GARY CANOVA 2993 N COLE RD													
	BOISE MINOR RENTALS, LTD. CO GARY CANOVA 2993 N COLE RD BOISE ID 83704		BOISE ID 83704 3. Organized Under the Laws of: ID W 148													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" data-bbox="24 361 1468 446"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>GARY CANOVA, M.D.</td> <td>2993 N Cole Rd,</td> <td>Boise, ID</td> <td></td> <td>83704</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager	GARY CANOVA, M.D.	2993 N Cole Rd,	Boise, ID		83704
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Manager	GARY CANOVA, M.D.	2993 N Cole Rd,	Boise, ID		83704											
5. SIGNATURE OF CURRENT RA ANY LAWFUL		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  Date 8-14-96 Name (Typed or Printed) GARY CANOVA Title MANAGER														
ISSUED: 37-08-1996 1576																