

No. C 50573

Annual Report Form

Due No Later Than November 30,

1996

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

1. Mailing Address - Please Correct, If Not Correct

ROCCO P. CIFRESE, M.D. & SAR
ROCCO P CIFRESE, M.D.
1995 EAST 17TH STREET

ROCCO P. CIFRESE
1995 EAST 17TH ST.

IDAHO FALLS ID 83404

3. Organized Under the Laws of:

ID C 50578

* FIRST NOTICE *

IDAHO FALLS ID 83404

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 heldNameStreet or P.O. AddressCityStateZip

Pres Rocco P. CIFRESE, MD 1995 E 17th ST IDAHO FALLS ID 83404
Sec SARAH A CIFRESE, MD 1995 E 17th ST IDAHO FALLS, ID 83404

5.

NATURE OF BUSINESS

MEDICAL SERVICES

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

Name

(Typed or Printed)

Title

ISSUED: 07-06-1995

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