

Annual Report Form

1998

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

Due No Later Than November 30,

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

IDAHO UROLOGY CLINIC, P.A.
WILFRED E. WATKINS, M.D.
1613-B 12TH AVE. RD.

WILFRED E. WATKINS, M.D.
1613-B 12TH AVE. RD.

NAMPA ID 83686

3. Organized Under the Laws of:

ID C 48231 A

* FIRST NOTICE *

NAMPA

ID 83686

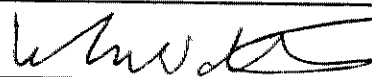
4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	W. E. Watkins, M. D.	1616 Primrose Lane	Nampa	ID	83686
Secretary	W. E. Watkins, M.D.	1616 Primrose Lane	Nampa	ID	83686
Treasurer	W. E. Watkins, M.D.	1616 Primrose Lane	Nampa	ID	83686

5. Signature of New Registered Agent

6.

Signature



Date

8/3/98

Name
(Typed or Printed)

W. E. Watkins, M. D.

Title

President

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

18175