

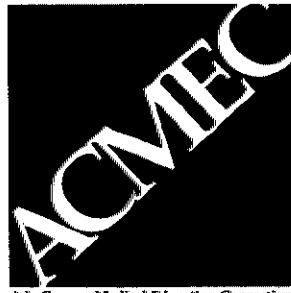
No. C120455 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	Annual Report Form Due No Later Than November 30, 1999 1. Mailing Address - Please Correct, If Not Correct ADA CANYON MEDICAL EDUCATION 305 W JEFFERSON ST BOISE ID 83701	2. Registered Agent and Office NOT A P.O. BOX DAVID N MUELLER 305 W JEFFERSON ST BOISE ID 83701 3. Organized Under the Laws of: ID C120455												
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) <table border="1"> <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 colspan="6" style="height: 100px; vertical-align: top;"> <i>See Enclosed Form</i> </td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	<i>See Enclosed Form</i>					
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<i>See Enclosed Form</i>														
5. <u>New</u> Registered Agent Signature	6. <table border="1"> <tr> <td>Signature <i>David Mueller</i></td> <td>Date <i>10/15/99</i></td> </tr> <tr> <td>Name (Typed or Printed) <i>David Mueller</i></td> <td>Title <i>Director</i></td> </tr> </table>		Signature <i>David Mueller</i>	Date <i>10/15/99</i>	Name (Typed or Printed) <i>David Mueller</i>	Title <i>Director</i>								
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Name (Typed or Printed) <i>David Mueller</i>	Title <i>Director</i>													

ISSUED: 10-01-1999

7741

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