

No. W 1930

Annual Report Form

1997

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

1. Mailing Address - Please Correct, if Not Correct

IDAHO TRAUMA SERVICES PLLC
JOHN M LIVINGSTON, M.D.
999 N CURTIS RD STE 415

DALE G HIGER
999 MAIN ST STE 1015

BOISE ID 83702

3. Organized Under the Laws of:

ID W 1930

** FINAL NOTICE **

BOISE ID 83706

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
Director	John M. Livingston, MD	999 N. Curtis Ste 415	Boise	Idaho	83706

5. SIGNATURE OF CURRENT RA

6.

Signature

Date

Name (Typed or Printed)

Title

John M Livingston MD

ISSUED: 10-04-1997

DO NOT TAPE OR STAPLE

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