

No.

C 48477

Annual Report Form

1996

Due No Later Than November 30,

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

** FINAL NOTICE **

1. Mailing Address - Please Correct, if Not Correct

SALMON MEDICAL CENTER, P.A.
BOYD K. SIMMONS, M.D.
PO BOX 2083

SALMON

ID 83467

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

ROYD K SIMMONS MD
104 SOUTH DAISY STREET

SALMON ID 83467

3. Organized Under the Laws of:

ID C 48477

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

President

Arthur D. Earl

Box 2083

Salmon

ID

83467

Director

James F Todd

Gibbonsville ID

~~Board~~

5. NATURE OF BUSINESS

MEDICAL PRACTICE

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

Arthur D. Earl

Date

10/30/96

Name (Typed or Printed)

Arthur D. EARL

Title

Pres.

ISSUED: 10-05-1996

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