

No. C 61280	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 * FIRST NOTICE *	1 Mailing Address Please Correct, If Not Correct F. LAMARR HEYREND, M.D., P.A. F. LAMARR HEYREND, M.D. 335 N. ALLUMBAUGH		F. LAMARR HEYREND, M.D. 335 N. ALLUMBAUGH BOISE ID 83704													
	BOISE ID 83704		3 Organized Under the Laws of ID C 61280													
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="0"> <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>President</td> <td>F. LaMarr Heyrend, M.D.</td> <td>335 N. Allumbaugh</td> <td>Boise,</td> <td>Idaho</td> <td>83704</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	F. LaMarr Heyrend, M.D.	335 N. Allumbaugh	Boise,	Idaho	83704
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President	F. LaMarr Heyrend, M.D.	335 N. Allumbaugh	Boise,	Idaho	83704											
5.		6. Signature <u><i>F. LaMarr Heyrend</i></u> Date <u>7/30/97</u> Name (Typed or Printed) <u>F. LaMarr Heyrend, M.D.</u> Title <u>President</u>														

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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