NO. C 68656

Annual Report Form 1999

Due No Later Than November 30,

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

THOMAS L. LAWRENCE, M.D., P.
THOMAS L. LAWRENCE
1327 SUPERIOR

SANDPOINT ID 83864

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

THOMAS L. LAWRENCE
1327 SUPERIOR

SANDPOINT ID 83864

3. Organized Under the Laws of:

ID C 68656

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	THOMAS L LAWRENCE	1327 SUPERIOR	SANDPOINT	ID	83864
SECRETARY	DEBRA A LAWRENCE	1327 SUPERIOR	SANDPOINT	ID	83864

5. Signature of New Registered Agent

6.
Signature Debra A Lawrence Date 8-3-99
Name (Typed or Printed) DEBRA A LAWRENCE Title SECRETARY

ISSUED: 07-03-1999

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