	5	Annual Report Form 1997		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		Due No Later Than November 30, 1. Mailing Address - Please Correct, If Not Correct			MICHAEL . 901 N. C1		
		MICHAEL J. COUGHLIN, M.D., P MICHAEL J. COUGHLIN, M.D. 901 N. CURTIS RD, STE 503		•	BOISE	ID	
					3. Organized Under the Laws of:		
* FIRST NOT	ICE *	B018E	ID 83706	ò	15	ი გ	3975
· ·		ames and Addresses of	ident, Secretary and Dir i Managers or	Members (check one)		
Office held	<u>Name</u>	Street	or P.O. Address		<u>City</u>	<u>State</u>	<u>Zip</u>
Deprident	Michael	Troublin	901 N Curtis	ed #5	03 Boise	10	83706
5.		6. Signature Name (Types	Michael Ja	n Tought	Date	Λ	•