

No. C122026	Annual Report Form Due No Later Than November 30, 1999		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 MICHAEL J. CARRAHER, M.D., P PO BOX 724 PO. Box 729		MICHAEL J CARRAHER, M.D. 1300 E MULLAN POST FALLS ID 83854
** FINAL NOTICE **		POST FALLS ID 83877 0729	ID C122026
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)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
<u>State</u>	<u>Zip</u>		
<u>President</u>	<u>Michael J. Carraher</u>	<u>1300 E. MULLAN</u>	<u>Post Falls ID 83854</u>
<u>Secretary</u>	<u>Annette A. Brown</u>	<u>1300 E. MULLAN</u>	<u>Post Falls ID 83854</u>
5. <u>New</u> Registered Agent Signature		6.	
Signature <u><i>Michael J. Carraher</i></u>		Date <u>10/11/99</u>	
Name (Typed or Printed) <u>MICHAEL J CARRAHER</u>		Title <u>President</u>	

ISSUED: 10-01-1999

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