<u> </u>	INSTRUCTIONS ON REVERSE SIDE	** ** ** ** * * * * * * * * * * * * *
No. 64275 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1,	JAY HUNTER 123 SOUTH POLK
	LEWISTON EMERGENCY PHYSICIANS JAY HUNTER 123 SOUTH POLK MOSCOW ID 83843	
4. Names and Addresses of Office	ers and Directors MUST BE PRINTED	OR TYPED
President: Jr. Secretary: BR Directors: 9 A	Name Street or P.O. Address Ay HUNTER 123 S Pulk 1AN HOCUM 2626 RIVERING NO KENDRICK 523 Cedar TTHEW LYSNE RA.1 Box 69A	City State Zip Moscow ID 83843 Clarksfon WA 99110 LEWISTON ID 8301 Julietta ID 83501
5. Nature of Business	6. I certify that this Annual Report has been e true, correct and complete. Signature Name (Typed or Name (Parinto))	Date 7 (3/93) Title 1/82/2015