

No. C 64184

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

\* FIRST NOTICE \*

1. Mailing Address - Please Correct, If Not Correct

JAMES B. FISHER, M.D., P.A.  
JAMES FISHER, M.D.  
307 SAINT JOHN'S WAY #17

LEWISTON ID 83501

JAMES FISHER, M.D.  
307 ST. JOHN'S WAY #17

LEWISTON ID 83501

3. Organized Under the Laws of:

ID C 64184

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>
President	James B. Fisher	3433 Selway Dr.	Lewiston	ID	83501

5. Signature of New Registered Agent

6.

Signature X

James B. Fisher

Date 7-15-99

Name (Typed or  
Printed)

James B. Fisher, M. D.

Title President

ISSUED: 07-03-1999

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