Due no later than July 31, 200 Annual Report Form Mailing Address - Correct in this box. if HERINE ANN LEE, M.D., P.A. E IDAHO ST STE 311 SE, ID 83712	applicable 2. F	THERINE ANN L	and Office NO PO BO
	BC	DE IDAHO ST ST ISE, ID 83712	E 311
	- 1		ent Signature
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