No. c 35422		Annual Report Form  No Later Than November 30.	1996	. Registered Agen	t and Office <b>N</b> (	OT A P.O. BOX	
Return to: SECRETARY OF STATE		ss - Please Correct, If Not Correct			- · -	RLAND, M.D	
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE	ROBERT A 700 IROS	FAMILY MEDICINE COEUR D'ALEN ROBERT M. MCFARLAND, M.D. 700 IRONWOOD DRIVE  COEUR D'ALENE TD 83814  Addresses of President, Secretary and Directors			700 IRONWOOD DRIVE  COEUR D'ALEN ID 83814  3. Organized Under the Laws of:  10 C 85422		
			Members (c	heck one)			
Office held	<u>Name</u>	Street or P.O. Address		<u>City</u>	<u>State</u>	<u>Zip</u>	
President Mic	had Dixon M	1.D. 700 Ironwood	*101	CDA	10	83814	
Rob	ert McFarlan	rd "					
Rich	nard McLandr	ress "					
How	ard Brinton	n "				•	
5. NATURE OF BUS	THERE   k	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature Manybeth huestes. Date 8/22/96					
MEDICAL OFF	ICE	Name Printed or Mary beth	Kue	Ster Title (	Office M	anager)	
ISSUED: 37-	06-1996			2	5433		
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