STATE OF IDAHO
PETE T. CENARRUSA
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

RETURN SERVICE REQUESTED

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Boise, ID
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IDAHO ANNUAL REPORT FORM

C 101189
TWIN FALLS CLINIC PHYSICIANS, P.A.
MARLEY JACKMAN
660 SHOSHONE ST E
TWIN FALLS ID 83301

AUTO 83301

C101189

No. C101189

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

Annual Report Form
Due No Later Than November 30, 1999

1. Mailing Address. Please Correct, If Not Correct.

TWIN FALLS CLINIC PHYSICIANS
~~MARLEY JACKMAN~~ F. Michael Archart
660 SHOSHONE ST E
TWIN FALLS ID 83301

2. Registered Agent and Office NOT A P.O. BOX

~~MARLEY JACKMAN~~ F. Michael Archart
660 SHOSHONE ST E
TWIN FALLS ID 83301

3. Organized Under the Laws of: ID C101189

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)

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	Robert WARD, JR. M.D	660 SHOSHONE ST. E.	TWIN FALLS	ID	83301
VICE PRESIDENT	HOWARD B. SCHAFF, M.D	660 SHOSHONE ST. E.	TWIN FALLS	ID	83301
Secretary	DAVID SPRITZER, MD	660 SHOSHONE ST. E.	TWIN FALLS	ID	83301

5. Signature of New Registered Agent
F. Michael Archart

6.
Signature Robert Ward Date 11/26/99
Name (Typed or Printed) _____ Title _____

ISSUED: 07-03-1999

4110

C

Fold, seal and mail this portion.

C