

No. C107340

Annual Report Form
Due No Later Than November 30, 1995

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080
NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

WEST VALLEY EMERGENCY PHYSIC
RAYMOND C ST. JOHN
1717 ARLINGTON

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

RAYMOND C ST. JOHN
1717 ARLINGTON

CALDWELL ID 83605

★ FIRST NOTICE ★

CALDWELL ID 83605

ID C107340

4. Corporations: Enter Names and 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>
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President RAYMOND 1717 ARLINGTON CALDWELL ID 83605
ST. JOHN

Secretary DIANE TURNER-BEAR 11 11 11 11

5.

NATURE OF BUSINESS

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

Date

7/24/96

EMERGENCY MEDICAL SERVICES

Name (Typed or Printed)

Title

President

ISSUED: 07-06-1996

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