No. C 78773

Annual Report Form 1995

Due No Later Than November 30

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

LARRY R. DELANE, M.D., P.A.
LARRY R. DELANE, M.D.
~~3326 FOURTH ST.~~ 3434 SELWAY DR.
P.O. Box 1107
LEWISTON ID 83501

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

LARRY R. DELANE
3326 FOURTH STREET
LEWISTON ID 83501

3. Organized Under the Laws of:

ID C 78773

4. Corporations: Enter Names and 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	LARRY R. DELANE, MD.	P.O. Box 1107,	Lewiston	ID	83501
Secretary	CHERI E. DELANE	P.O. Box 1107,	LEWISTON	ID	8350[illegible]

5. NATURE OF BUSINESS

MEDICAL DOCTOR

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 Cheri E Delane Date 7-31-96

Name (Typed or Printed) CHERI E. DELANE