

No. C 80210		Due no later than Dec 31, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. POCATELLO CHILDREN AND ADOLESCENT CLINIC, P.A. JESSICA PERRY 1151 HOSPITAL WAY, BLDG F POCATELLO ID 83201 USA		JESSICA PERRY 1151 HOSPITAL WAY, BUILDING F POCATELLO ID 83201			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	LAURA DUTY	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
DIRECTOR	SHAUN SUMMERILL	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
DIRECTOR	GENTRY YOST	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
PRESIDENT	BRIAN FULKS	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
DIRECTOR	MATTHEW MURDOCH, MD	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
DIRECTOR	DAVID DENTON, MD	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
DIRECTOR	LLOYD JENSEN, MD	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
DIRECTOR	DON MCINTURFF, MD	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
DIRECTOR	CREIGHTON HARDIN, MD	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID C 80210		6. Annual Report must be signed.* Signature: Jessica Perry Name (type or print): Jessica Perry Date: 12/28/2012 Title: Administrator					
Processed 12/28/2012 * Electronically provided signatures are accepted as original signatures.							