

No. C 80210		Due no later than Dec 31, 2011		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. POCATELLO CHILDREN AND ADOLESCENT CLINIC, P.A. JESSICA PERRY PO BOX 4730 POCATELLO ID 83205 USA		JESSICA PERRY 1151 HOSPITAL WAY, BUILDING F POCATELLO ID 83201		
				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	GENTRY YOST	PO BOX 4730	POCATELLO	ID	USA	83205
DIRECTOR	BRIAN FULKS	PO BOX 4730	POCATELLO	ID	USA	83205
DIRECTOR	MATTHEW MURDOCH, MD	PO BOX 4730	POCATELLO	ID	USA	83205
DIRECTOR	DAVID DENTON, MD	PO BOX 4730	POCATELLO	ID	USA	83205
DIRECTOR	LLOYD JENSEN, MD	PO BOX 4730	POCATELLO	ID	USA	83205
DIRECTOR	DON MCINTURFF, MD	PO BOX 4730	POCATELLO	ID	USA	83205
PRESIDENT	CREIGHTON HARDIN, MD	PO BOX 4730	POCATELLO	ID	USA	83205
5. Organized Under the Laws of: ID C 80210		6. Annual Report must be signed.* Signature: Jessica Perry Name (type or print): Jessica Perry				
Processed 12/28/2011		Date: 12/28/2011 Title: Administrator				
* Electronically provided signatures are accepted as original signatures.						