74404	INSTRUCTIONS ON REVERSE SIDE PLEASE TYPE OR PRINT					
No. Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED		Idaho Corporation Annual Report Form Due No Later Than November 1,		2. Registered Agent and Office NOT A P.O. BOX LEE B. DILLION 325 WEST IDAHO ST.		
	1. Mailing Address — INTERMOUNTAL JOHN P. JAME 5211 SORRENT	Please Correct, If Not Correct IN PEDIATRIC CLINIC, BURA, M.D.	BOIS	1.	ID	83702
4. Names and Addresses of Off	cers and Directors					
	Name	Street or P.O. Address		<u>City</u>	State / A	<u>≃</u> □ 83704
	f Jambura en Jambura	5711 Sorrento Pr		Boise	10	0 3/09
	5					
	*					
5. Nature of Business	6, I certify th	at this Annual Report has been exam	nined by	me and is to th	ne best of my l	knowledge
5. Nature of Business Medical CAT	true, corre	ect and complete.	-	me and is to th	ne best of my l 7-20-9	