

No. C 94062	Annual Report Form <i>Due No Later Than November 30,</i> 1999	2. Registered Agent and Office NOT A P.O. BOX																	
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 INTERMOUNTAIN PEDIATRIC CLIN JOHN P. JAMBURA, M.D. 5211 SORRENTO BOISE ID 83704	LEE B. DILLION 242 N. 8TH #200 BOISE ID 83702 3. Organized Under the Laws of: ID C 94062																	
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="0"><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td><i>President</i></td><td><i>John P Jambura</i></td><td><i>5211 Sorrento Dr</i></td><td><i>Boise</i></td><td></td><td><i>83704</i></td></tr><tr><td><i>secretary</i></td><td><i>Karen Jambura</i></td><td><i>sam</i></td><td></td><td></td><td></td></tr></tbody></table>		<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<i>President</i>	<i>John P Jambura</i>	<i>5211 Sorrento Dr</i>	<i>Boise</i>		<i>83704</i>	<i>secretary</i>	<i>Karen Jambura</i>	<i>sam</i>		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>														
<i>President</i>	<i>John P Jambura</i>	<i>5211 Sorrento Dr</i>	<i>Boise</i>		<i>83704</i>														
<i>secretary</i>	<i>Karen Jambura</i>	<i>sam</i>																	
5. Signature of New Registered Agent	6. Signature <i>Karen Jambura</i> Date <i>9-1-99</i> Name (Typed or Printed) _____ Title <i>off man</i>																		

ISSUED: 07-03-1999

22082