



0005222790

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***REINSTATEMENT ANNUAL REPORT**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$30.00

*For Office Use Only***-FILED-**

File #: 0005222790

Date Filed: 5/4/2023 8:37:41 AM

Reinstatement Annual Report Form

Select one: Standard, Expedited or Same Day Service (see descriptions below)

Expedited (+\$40; filing fee \$70)

Current Entity Name

INTERMOUNTAIN PEDIATRIC CLINIC, P.A.

The file number of this entity on the records of the Idaho Secretary of State is:

0000291684

Organized under the laws of:

IDAHO

Entity Type:

Professional Service Corporation (D)

Professional Service Corporation Name:

Professional Service Corporation Name

INTERMOUNTAIN PEDIATRIC CLINIC, P.A.

Profession

The business is organized to practice the profession of:

Medicine

The registered agent on record is:

Registered Agent

ALLAN R BOSCH

Commercial Registered Agent

Physical Address

205 N 10TH ST 4TH FL
BOISE, ID 83702

Mailing Address

205 N 10TH ST 4TH FL
ALLAN R BOSCH
BOISE, ID 83702

Agent or Address Change?

☒ Appoint new agent (address change not available).

The name and street address of the new registered agent and office in Idaho is:

Registered Agent

GRAVIS LAW, PLLC

Commercial Registered Agent

Physical Address

1661 W SHORELINE DR
STE 200
BOISE, ID 83702

Mailing Address

1661 W SHORELINE DR
STE 200
BOISE, ID 83702☒ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

The mailing address of the corporation is:

5211 N SORRENTO DR
BOISE, ID 83704-2354

Corporate Officers and Directors:

Name	Title	Address
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<input checked="" type="checkbox"/> John P Jambura	President	5211 N SORRENTO DR BOISE, ID 83704-2354
<input checked="" type="checkbox"/> Karen Jambura	Secretary	5211 N SORRENTO DR BOISE, ID 83704-2354

The Application for Reinstatement must be signed by at least one governor.

Title: _____ Secretary _____

Karen Jambura _____ *05/04/2023* _____

Sign Here _____ Date _____