


No. C 52315	Due no later than Oct 31, 2009 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)	
Return to:			C PETER GROOM	
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. POCATELLO CLINIC OF INTERNAL MEDICINE & ONCOLOGY, P.A. C. PETER GROOM P. O. BOX 880 POCATELLO ID 83204		707 N. 7TH POCATELLO ID 83201	
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.				
Office Held	Name	Street or PO Address	City	State
President	Mark P. Benson	PO BOX 880 Pocatello ID	ID	83204
Vice President	C. Peter Groom	" " " " " "	" "	" "
Secretary	Mark P. Benson	" " " " " "	" "	" "
Treasurer	C. Peter Groom	" " " " " "	" "	" "
5. Organized Under the Laws of:		6.		
IDAHO C 52315		Signature: 	Date:	
		Name (type or print): C. Peter Groom	Title: V.P.	
Issued 11/30/2009 by CLH		200910000312		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.