

No. <b>C 94062</b>	<b>Annual Report Form</b> <b>1997</b> <i>Due No Later Than November 30,</i>		2 Registered Agent and Office <b>NOT A P O BOX</b> <b>LEE R. DILLION</b> <b>242 N. 8TH #200</b>  <b>BOISE</b> <b>ID 83702</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1 Mailing Address Please Correct, If Not Correct  <b>INTERMOUNTAIN PEDIATRIC CLIN</b> <b>JOHN P. JAMBURA, M.D.</b> <b>5211 SORRENTO</b>  <b>BOISE</b> <b>ID 83704</b>		3 Organized Under the Laws of  <b>ID</b> <b>C 94062</b>	
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)				
<u>Office held</u>  <i>pres</i>  <i>sec</i>	<u>Name</u>  <i>John P Jambura</i>  <i>Karen Jambura</i>	<u>Street or P.O. Address</u>  <i>5211 Sorrento Dr</i>  <i>5211 Sorrento Dr</i>	<u>City</u>  <i>Boise</i>  <i>Boise</i>	<u>State</u> <u>Zip</u>  <i>ID</i> <i>83704</i>  <i>ID</i> <i>83704</i>
5.		6.		
		Signature <u><i>Karen Jambura</i></u> Date <u><i>8-6-97</i></u>  Name <small>(Typed or Printed)</small> _____ Title _____		

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

20583