


No. C 52315	Due no later than Oct 31, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) C PETER GROOM 707 N. 7TH POCATELLO ID 83201		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	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		3. <u>New</u> 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	Country Postal Code
President	MARK Benson	PO BOX 880	Pocatello	ID	83201
Vice Pres.	C. Peter GROOM	"	"	"	"
Secretary	mark Benson	"	"	"	"
Treasurer	C. Peter GROOM	"	"	"	"
5. Organized Under the Laws of: IDAHO C 52315		6. Signature:  Name (type or print): <u>C. Peter GROOM</u>			Date: <u>09/09/10</u> Title: <u>V. P</u>
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