

No. **C 94062**

Due no later than December 31, 2005

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

INTERMOUNTAIN PEDIATRIC CLINIC, P.A.
JOHN P. JAMBURA, M.D.
5211 SORRENTO
BOISE, ID 83704ALLAN R BOSCH
225 N 9TH ST STE 210
BOISE, ID 83702**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
president	John P Jambura	5211 Sorrento	Boise	ID	83704
secretary	Karen Jambura	5211 Sorrento	Boise	ID	83704

5. Organized Under the Laws of:

IDAHO
C 94062

6.

Signature

Karen Jambura

Date

11-21-05

Name

(Typed or
Printed)

Karen Jambura

Title

Issued 10/03/2005

Do Not Tape or Staple

200512006410