

No. C 52315

Due no later than October 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

POCATELLO CLINIC OF INTERNAL MEDICI
C. PETER GROOM
P. O. BOX 880
POCATELLO, ID 83204C PETER GROOM
707 N. 7TH
POCATELLO, ID 83201NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

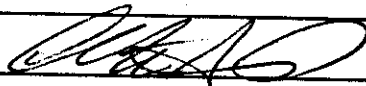
Office held	Name	Street or P.O. Address	City	State	Zip
President	MARK P. Benson	PO BOX 880	Pocatello	ID	83204
Vice President	C. Peter Groom	"	"	"	"
Secretary	MARK P Benson	"	"	"	"
Treasurer	C. Peter Groom	"	"	"	"

5. Organized Under the Laws of:

IDAHO
C 52315

6.

Signature



Date

8/13/08

Name (Typed or Printed)

C. Peter Groom

Title

Vice President

Issued 08/06/2008

Do Not Tape or Staple

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