

No. C 80210		Due no later than Dec 31, 2016 Annual Report Form		2. Registered Agent and Address (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 needed. POCATELLO CHILDREN AND ADOLESCENT CLINIC, P.A. JESSICA PERRY 1151 HOSPITAL WAY, BLDG F POCATELLO ID 83201		JESSICA PERRY 1151 HOSPITAL WAY, BUILDING F POCATELLO ID 83201			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MATTHEW STELZER, MD	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
DIRECTOR	GENTRY YOST, MD	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
DIRECTOR	BRIAN FULKS, MD	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
PRESIDENT	MATTHEW MURDOCH, MD	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
DIRECTOR	DAVID DENTON, MD	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
DIRECTOR	DON MCINTURFF, MD	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
DIRECTOR	LAURA DUTY, MD	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
DIRECTOR	SHAUN SUMMERILL, MD	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
DIRECTOR	CINDY ELIZABETH PARSONS, MD	1151 HOSPITAL WAY, BLDG F	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID C 80210		6. Annual Report must be signed.* Signature: Jessica Perry Name (type or print): Jessica Perry Date: 12/23/2016 Title: Manager					
Processed 12/23/2016		* Electronically provided signatures are accepted as original signatures.					