| No. C 52315 | Due no later than October 31, 2004<br>Annual Report Form | 2. Registered Agent and Office **NO PO BOX** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | 1. Mailing Address - Correct in this box, if applicable<br>POCATELLO CLINIC OF INTERNAL MEDICI<br>C. PETER GROOM<br>P. O. BOX 880<br>POCATELLO, ID 83204 | C PETER GROOM<br>707 N. 7TH<br>POCATELLO, ID 83201<br><br>3. 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 M.D | PO BOX 880 | Pocatello | ID | 83204 |
| Vice President | C. Peter Groom M.D | PO BOX 880 | Pocatello | ID | 83204 |
| Secretary | Mark P. Benson M.D | PO BOX 880 | pocatello | ID | 83204 |
| Treasurer | C. Peter Groom M.D | PO Box 880 | Pocatello | ID | 83204 |

5. Organized Under the Laws of:
IDAHO
C 52315

6. Signature _____ Date 8-06

Name (Typed or Printed) C. Peter Groom Title Vice Pres

Issued 08/02/2004

**Do Not Tape or Staple**

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