No. C 94062		D	ue no later than Dec 31, 2007	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. INTERMOUNTAIN PEDIATRIC CLINIC, P.A. JOHN P. JAMBURA, M.D. 5211 SORRENTO		225 N 9TH BOISE ID	ALIAN R BOSCH 225 N 9TH ST STE 210 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		BOISE ID 8			3. New Registered Agent Signature:*			
Office Held	Name	1655 / 1441 65565 0	Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT	KAREN JAMBURA JOHN P JAMBURA		5211 W. SORRENTO DR. 5211 W. SORRENTO DR.	BOISE BOISE	ID ID	USA USA	83704 83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 94062		Signature: K Name (type		Date: 10/29/2007 Title: Secretary				
Processed 10/29/2007		* Electronically	provided signatures are accepted as original	signatures.				