

No. C 94062		Due no later than Dec 31, 2011		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. INTERMOUNTAIN PEDIATRIC CLINIC, P.A. JOHN P. JAMBURA, M.D. 5211 SORRENTO BOISE ID 83704		ALLAN R BOSCH 205 N 10TH ST 4TH FL BOISE ID 83702 USA		
				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
SECRETARY	KAREN JAMBURA	5211 W. SORRENTO DR.	BOISE	ID	USA	83704
PRESIDENT	JOHN P JAMBURA	5211 W. SORRENTO DR.	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID C 94062		6. Annual Report must be signed.* Signature: Karen Jambura Name (type or print): Karen Jambura Date: 12/31/2011 Title: Office Manager				
Processed 12/31/2011		* Electronically provided signatures are accepted as original signatures.				