

No. C 56720	Due no later than Oct 31, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. IDAHO ACADEMY OF PHYSICIAN'S ASSISTANTS, INC. SARA OLSON PO BOX 1127 BOISE ID 83701 USA		MOLLY STECKEL 305 W JEFFERSON BOISE ID 83702			
			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
PRESIDENT	STEPHANIE ROBERTS	18 HIDDEN HOLLOW LANE	JEROME	ID	USA	83338
VICE PRESIDENT	DAVID ATKINS	9450 N. MACIE LOOP	HAYDEN	ID	USA	83835
5. Organized Under the Laws of: ID C 56720	6. Annual Report must be signed.* Signature: Sara Olson Name (type or print): Sara Olson		Date: 11/09/2015 Title: Executive Director			
Processed 11/09/2015		* Electronically provided signatures are accepted as original signatures.				