

No. C 53791		Due no later than Jul 31, 2014		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. ADA COUNTY MEDICAL SOCIETY, INC. LINDA JACKSON 305 W. JEFFERSON BOISE ID 83702 USA		LINDA JACKSON 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
DIRECTOR	MICHEAL ADCOX, MD	305 W JEFFERSON	BOISE	ID	USA	83702
DIRECTOR	MICHAEL SANT, MD	305 W JEFFERSON	BOISE	ID	USA	83702
DIRECTOR	DANIEL REED, MD	305 W JEFFERSON	BOISE	ID	USA	83702
PRESIDENT	KYLE PALMER, MD	3875 E. OVERLAND RD.	MERIDIAN	ID	USA	83642
DIRECTOR	STEPHEN BUSHI, MD	1902 W. JUDITH LN. #110	BOISE	ID	USA	83705
VICE PRESIDENT	JOSEPH WILLIAMS, MD	IDAHO UROLOGIC INSTITUTE 2855 E. MAGIC VIEW DR.	MERIDIAN	ID	USA	83642
SECRETARY	BRANDON ISAACS, DO	305 W JEFFERSON	BOISE	ID	USA	83702
TREASURER	STACIA MUNN, MD	305 W JEFFERSON	BOISE	ID	USA	83702
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 53791		Signature: Linda Jackson Name (type or print): Linda Jackson		Date: 05/13/2014 Title: Executive Director		
Processed 05/13/2014		* Electronically provided signatures are accepted as original signatures.				