

No. C 190778		Due no later than Apr 30, 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. ACHC PATIENT ASSISTANCE FOUNDATION, INC. GENE SHOUP PO BOX 375 COUNCIL ID 83612		GENE SHOUP 205 N BERKLEY AVE COUNCIL 83612		
				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
VICE PRESIDENT	GEOFF COLE	2451 HWY 95	COUNCIL	ID	USA	83612
PRESIDENT	DOUGLAS LINFORD, DO	205 N. RAILROAD ST.	COUNCIL	ID	USA	83612
TREASURER	GENE SHOUP	P.O. BOX 873	COUNCIL	ID	USA	83612-0873
SECRETARY	SHERIDAN JENKINS	102 1ST AVE	COUNCIL	ID	USA	83612-0873
DIRECTOR	LAURA CAMP	2388 MILL CREEK RD.	COUNCIL	ID	USA	83612-0873
DIRECTOR	JEAN COLE	2466 HWY 95	COUNCIL	ID	USA	83612-0873
DIRECTOR	MISTY ROBERTSON	P.O. BOX 876	MCCALL	ID	USA	83638
5. Organized Under the Laws of: ID C 190778		6. Annual Report must be signed.* Signature: Gene Shoup Name (type or print): Gene Shoup				
		Date: 02/24/2015 Title: Treasurer				
Processed 02/24/2015		* Electronically provided signatures are accepted as original signatures.				