

No. C 18589		Due no later than Jan 31, 2013		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. IDAHO STATE PHARMACY ASSOCIATION, INC. PAM EATON 1109 W MAIN ST SUITE 331 BOISE ID 83702		PAM EATON 1109 W MAIN ST STE 331 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	BARRY FEELY	9737 N CIRCLE DR	HAYDEN LAKE	ID	USA	83835
DIRECTOR	PAULA SHAFFER	201 WASHINGTON AVE	KETCHUM	ID	USA	83340
DIRECTOR	BRANDON SMITH	4475 SILVER LAKES CT	BUHL	ID	USA	83316
DIRECTOR	BRIAN SMITH	9169 N. PRESCOTT DR.	HAYDEN	ID	USA	83835
PRESIDENT	TYLER HIGGINS	1024 BIG CREEK CR.	NAMPA	ID	USA	83686
DIRECTOR	JENNIFER OTTER	2035 SCIOTO PLA	MERIDIAN	ID	USA	83646
DIRECTOR	RONALD LAVIGNE	PO BOX 698	OSBURN	ID	USA	83849
DIRECTOR	DONALD SMITH	9363 W. DRIFTWOOD DR.	COEUR D'ALENE	ID	USA	83814
DIRECTOR	DEVON TRONE	1041 W. HITCHCOCK	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of: ID C 18589		6. Annual Report must be signed.* Signature: Pam Eaton Name (type or print): Pam Eaton Date: 01/29/2013 Title: Executive Director				
Processed 01/29/2013		* Electronically provided signatures are accepted as original signatures.				