

No. <b>C 120455</b>		<b>Due no later than Aug 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  ADA CANYON MEDICAL EDUCATION CONSORTIUM, INC. MAYRA RUIZ 305 W. JEFFERSON STREET BOISE ID 83702-6047		MAYRA RUIZ 305 W JEFFERSON ST BOISE ID 83702-6047			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	WILLIAM S BOURQUARD, MD	6148 N. DISCOVERY WAY, #100	BOISE	ID	USA	83713	
TREASURER	SUZANNE ALLEN, MD	322 E. FRONT STREET, #442B	BOISE	ID	USA	83702	
DIRECTOR	DAVID NIELSEN, MD	4840 N. CLOVERDALE ROAD	BOISE	ID	USA	83713	
DIRECTOR	JOHN BOICE, MD	500 W. FORT STREET	BOISE	ID	USA	83702	
DIRECTOR	MAYRA RUIZ	305 W. JEFFERSON STREET	BOISE	ID	USA	83702	
DIRECTOR	TIMOTHY DEBLIECK, MD	777 N. RAYMOND STREET	BOISE	ID	USA	83704	
DIRECTOR	MARISA HENDRIX	1055 N. CURTIS ROAD	BOISE	ID	USA	83706	
DIRECTOR	NIRMAL CHARAN, MD	722 E. HARCOURT ROAD	BOISE	ID	USA	83702	
DIRECTOR	JAMES SOUZA, MD	2347 E. GALA STREET	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:  <b>ID</b> <b>C 120455</b>		6. Annual Report must be signed.*  Signature: Mayra Ruiz Name (type or print): Mayra Ruiz					
		Date: 08/29/2016 Title: Director					
Processed 08/29/2016		* Electronically provided signatures are accepted as original signatures.					