No. <b>C 190778</b>		Due no later than Apr 30, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ACHC PATIENT ASSISTANCE FOUNDATION, INC. GENE SHOUP PO BOX 375		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				GENE SHOUP	GENE SHOUP  205 N BERKLEY AVE  COUNCIL ID 83612			
		COUNCIL ID 83612		3. <u>New</u> Registered	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MISTY ROBERTSON		P.O. BOX 876	MCCALL	ID	USA	83638	
DIRECTOR	JANET MEYER		2262 N. GRAYS CREEK RD.	INDIAN VALLEY	ID	USA	83632	
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	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	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Gene Shoup		,C	Date: 02/12/2014			
C 190778		Name (type or print): Gene Shoup		Τ	Title: Treasurer			
Processed 02/12/2014	* Electronically provided signatures are accepted as original signatures.							