

No. <b>C 101120</b>		<b>Due no later than Feb 29, 2012</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		NEVA SANTOS 777 N RAYMOND BOISE ID 83704			
		<b>1. Mailing Address: Correct in this box if needed.</b> IDAHO ACADEMY OF FAMILY PHYSICIANS FOUNDATION, INC. NEVA SANTOS 777 N RAYMOND BOISE ID 83704		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	MARY BARINAGA	322 E. FRONT ST.	BOISE	ID	USA	83702	
DIRECTOR	SCOTT DUNN	606 N. 3RD AVE. STE 101	SANDPOINT	ID	USA	83864	
TREASURER	SUZANNE ALLEN	322 E. FRONT ST.	BOISE	ID	USA	83702	
DIRECTOR	MIKAEL BEDELL	PO BOX 1330	CASCADE	ID	USA	83611	
5. Organized Under the Laws of: <b>ID C 101120</b>		6. Annual Report must be signed.* Signature: Neva Santos Name (type or print): Neva Santos Date: 01/13/2012 Title: Executive Director					
Processed 01/13/2012		* Electronically provided signatures are accepted as original signatures.					