No. <b>C 182078</b>		Due no later than Feb 28, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KENT B WHITAKER			
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.  IDAHO SOCIETY OF DERMATOLOGY PHYSICIAN ASSISTANTS INC.  KENT WHITAKER 6371 S. PHEASANT DR.  LAVA HOT SPRINGS ID 83246		LAVA HOT SP	6371 S PHEASANT DR LAVA HOT SPRINGS ID 83246  3. New Registered Agent Signature:*			
				3. <u>New</u> Register				
4. Corporations: Enter Nan	mes and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER DIRECTOR SECRETARY	JOSEPH ANDERSON ASHLEY B CAFFERTY MICHAEL J LANE		2085 PROVIDINCE 999 N CURTIS RD #505 100 WARM SPRINGS #B	IDAHO FALLS BOISE BOISE	ID ID ID	USA USA USA	83404 83706 83712	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 182078		Signature: Kent Whitaker			Date: 12/28/2017			
		Name (type or print): Kent Whitaker			Title: President			
Processed 12/28/2017		* Electronically pro	ovided signatures are accepted as original s	ignatures.				