No. C 53791		Due no later than Jul 31, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			STEVEN REAMES			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ADA COUNTY MEDICAL SOCIETY, INC. STEVEN REAMES 305 W JEFFERSON BOISE ID 83702		BOISE ID	305 W JEFFERSON BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		DODE 10 03702		or <u>rest</u> registe				
4. Corporations: Enter Na	mes and Busin	ess Addresses of Presid	ent, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	KATIE SCHNEIDER, MD		305 W JEFFERSON ST	BOISE	ID	USA	83702	
DIRECTOR	JAMES WHITAKER, DO		305 W JEFFERSON ST	BOISE	ID	USA	83702	
VICE PRESIDENT	MICHEAL ADCOX, MD		305 W JEFFERSON	BOISE	ID	USA	83702	
PRESIDENT	MICHAEL SANT, MD		305 W JEFFERSON	BOISE	ID	USA	83702	
DIRECTOR	DANIEL REED, MD		305 W JEFFERSON	BOISE	ID	USA	83702	
DIRECTOR	ELIZABETH ATNIP, MD		305 W JEFFERSON ST	BOISE	ID	USA	83702	
DIRECTOR	THOMAS PINTAR, MD		305 W JEFFERSON	BOISE	ID	USA	83702	
SECRETARY	STEPHANIE HODSON, MD		305 W JEFFERSON STREET	BOISE	ID	USA	83702	
DIRECTOR	ALICE BLAKE	E, MD	305 W JEFFERSON ST	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 53791		Signature: steven reames		Date	Date: 05/24/2018			
		Name (type or print	Title:	Title: executive director				
Processed 05/24/2018 * Electronically provided signatures are accepted as original signatures.								