No. C 132583		Due no later than Feb 28, 2014	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	10 March 10	KERRIE DSCHAAK			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	IDAHO CHA PHYSICIANS KERRIE DS 1501 HILAN	1. Mailing Address: Correct in this box if needed IDAHO CHAPTER OF THE AMERICAN COLLEGE OF PHYSICIANS, INC. KERRIE DSCHAAK 1501 HILAND AVE STE F BURLEY ID 83318		1501 HILAND AVE STE F BURLEY ID 83318 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE							
4. Corporations: Enter Names a	nd Business Addresses	of President, Secretary, and Directors. Treas	surer (optional).				
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT BANK	J SYMINGTON	2497 POLELINE RD E	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: 6. Annual Repo		oort must be signed.*					
ID	Signature:	Signature: Kerrie Dschaak		Date: 01/13/2014			
C 132583	Name (type	Name (type or print): Kerrie Dschaak		Title: Executive Director			
Processed 01/13/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.					