No. C 188151		Due no later than Aug 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ALEX HOMAECHEVARRIA MD 1155 PASCHAL LANE BOISE ID 83702 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO SPORTS CONCUSSION ASSOCIATION, INC. ALEJANDRO A HOMAECHEVARRIA 1155 PASCHAL LANE					
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
4. Corporations: Enter Nar	mes and Busine	ess Addresses of Presider	nt, Secretary, and Directors. Treasurer (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	ALEX HOMAECHEVARRIA MD		600 ROBBINS RD	BOISE	ID	USA	83702-4566
DIRECTOR	KURT NILSSON MD		600 ROBBINS RD	BOISE	ID	USA	83702-4566
DIRECTOR	SCOT SCHE	FFEL MD	1188 W UNIVERSITY DR	BOISE	ID	USA	83706-3009
DIRECTOR	CAROLINE FAURE, ED.D., ACT-L		IDAHO STATE UNIVERSITY 921 S 8TH AVE	POCATELLO	ID	USA	83209
DIRECTOR	ERIK TAYLOR, MS, ATC, LAT		12889 GOLDENBROOKS COURT	BOISE	ID	USA	83713
DIRECTOR	AMY LATTA PHD		6003 W OVERLAND RD SUITE 301	BOISE	ID	USA	83709
5. Organized Under the Laws of: 6. Annual Re		6. Annual Report must b	nnual Report must be signed.*				
ID		Signature: Alejandro Homaechevarria			Date: 09/07/2011		
C 188151		Name (type or print): Alejandro Homaechevarria			Title: Vice President		
		(4),					
Processed 09/07/2011		* Electronically provided	signatures are accepted as original signa	atures.			