No. C 141058		Due no l	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CONNIE M SEARLES 1674 W. HILL RD., STE. 3 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 PODIATRIC MEDICAL ASSOCIATION, INC. CONNIE M SEARLES 1674 W. HILL RD., STE. 3 BOISE ID 83702					
		ess Addresses of Preside	ent, Secretary, and Directors. Treasurer	(ontional)			
Office Held Name		ess Addresses of Freshdo	Street or PO Address		State	Country	Postal Code
				City			83440
PRESIDENT ERIC BARTO SECRETARY SCOTT GRAY			25 MADISON PROFESSIONAL PARK 6051 N. EAGLE RD.	REXBURG BOISE	ID ID	USA USA	83713
DIRECTOR GARY MILLW			520 S. EAGLE RD., #1243	MERIDIAN	ID	USA	83642
			,,				
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Connie Searles		Date: 08/14/2012			
C 141058		Name (type or print): Connie Searles		Title: Executive Director			
Processed 08/14/2012	* Electronically provided signatures are accepted as original signatures.						