

No. C 56720		Due no later than Oct 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: 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 ACADEMY OF PHYSICIAN'S ASSISTANTS, INC. STEVEN SUMTER PO BOX 1127 BOISE ID 83701 USA		STEVEN SUMTER 305 W JEFFERSON ST BOISE ID 83702		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	ABBY SCHENIAN	2112 CLEVELAND BLVD	CALDWELL	ID	USA	83605
PRESIDENT	JOHN NATHAN THOMPSON	190 E BANNOCK ST	BOISE	ID	USA	83712
VICE PRESIDENT	TODD SALZSIEDER	2609 S 10TH AVE STE 102	CALDWELL	ID	USA	83605
SECRETARY	BRIAN GRANVALL	190 E BANNOCK STREET	BOISE	ID	USA	83712
DIRECTOR	DAVID ATKINS	125 E IDAHO ST	BOISE	ID	USA	83712
DIRECTOR	TUCKER LARSEN	427 N 12TH ST	PLUMMER	ID	USA	83851
DIRECTOR	RACHEL NUTTING	16459 N MIDLAND BLVD	NAMPA	ID	USA	83687
DIRECTOR	CHRISTINA SCANLAN	414 SHOUP AVENUE W	TWIN FALLS	ID	USA	83301
DIRECTOR	MEGAN TEWS	1595 YELLOWSTONE AVE	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID C 56720		6. Annual Report must be signed.* Signature: STEVEN SUMTER Name (type or print): STEVEN SUMTER Date: 08/23/2017 Title: EXECUTIVE DIRECTOR				
Processed 08/23/2017		* Electronically provided signatures are accepted as original signatures.				