No. C 90312		Due no later than Sep 30, 2014		2. Registered Agent and Address (NO PO BOX)			
No. C 90312 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Sep 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO MEDICAL GROUP MANAGEMENT ASSOCIATION, INC. SARA OLSON PO BOX 7674 BOISE ID 83707		2. Registered Agent and Address (NO PO BOX) BRENDA BIELKE 305 W JEFFERSON ST BOISE ID 83702 3. New Registered Agent Signature:*			
1. Corporations: Enter	Names and Busine	ess Addresses of I	President, Secretary, and Directors. Treasure	er (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	RACHEL PUG	MIRE	3525 E LOUISE DR SUITE 400	MERIDIAN	ID	USA	83642
PRESIDENT	KATE SHELT	ON	PO BOX 1128	BOISE	ID	USA	83701
VICE PRESIDENT	NICK RUSSELL		PO BOX 910	MERIDIAN	ID	USA	83680
TREASURER	SHARON A LEE		6832 N TOPAZ JEWEL PLACE	MERIDIAN	ID	USA	83646
DIRECTOR	TIFFANY MECHAM		PO BOX 1128	BOISE	ID	USA	83701
DIRECTOR	CINDY HODGES		215 E HAWAII AVE	NAMPA	ID	USA	83686
DIRECTOR STACEY HO		_COMB	777 HOSPITAL WAY	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Sara Olson		Date: 07/24/2014			
C 90312		Name (type or print): Sara Olson		Title: Executive Director			
Processed 07/24/2014		* Flectronically pr	ovided signatures are accepted as original si	ignatures			