No. <b>C 19530</b>	The state of the s		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		2447 DANK	MARNI MOORE			
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address: Correct in this box if needed.  IDAHO NURSES ASSOCIATION, INCORPORATED CATHERINE A. PRINZING 2417 BANK DR #111			2417 BANK DR #111 BOISE ID 83705			
PO BOX 83720 BOISE, ID 83720-0080							
	BOISE ID 83705		3. New Regist	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	110 1 10 1 1						
4. Corporations: Enter Names and Busin	ess Addresses of Pro	esident, Secretary, and Directors. Treas	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER CATHERINE	A. PRINZING	120 S. BREWSTER DR.	BOISE	ID	USA	83709	
Organized Under the Laws of:  6. Annual Report must be signed.*							
ID	Signature: Cath		Date: 01/09/2008				
C 19530	Name (type or p		Title: INA Treasurer				
Processed 01/09/2008	* Electronically provided signatures are accepted as original signatures.						