

No. C 151421		Due no later than Oct 31, 2013 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		1. Mailing Address: Correct in this box if needed. IDAHO SPORTS MEDICINE INSTITUTE, P.A. CHERYL R GLEASON 1188 UNIVERSITY DR BOISE ID 83706-3009 USA		GEORGE A WADE MD 1188 UNIVERSITY DR BOISE ID 83706-3009			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
SECRETARY	CHERYL R GLEASON	1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009	
DIRECTOR	SCOT B SCHEFFEL	1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009	
PRESIDENT	JENNIFER R MILLER	1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009	
DIRECTOR	GEORGE A WADE	1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009	
TREASURER	MICHAEL J GUSTAVEL	1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009	
VICE PRESIDENT	KIRK J LEWIS	1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009	
5. Organized Under the Laws of: ID C 151421		6. Annual Report must be signed.* Signature: Cheryl R Gleason Name (type or print): Cheryl R Gleason					
		Date: 10/29/2013 Title: Administrator					
Processed 10/29/2013		* Electronically provided signatures are accepted as original signatures.					