| No. C 100053 | | Due no later than Nov 30, 2014 2. Registered Agent and Address (NO PO BOX) | | | | | | |
|--|------------------|--|--|--------------------------|--|---------|-------------|--|
| Return to: | | Annual Report Form KRIS WALKER, MD | | | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. IDAHO ASSOCIATION OF PHYSICIANS, INC. SHELLY R STRANSKI 1951 BENCH RD STE B POCATELLO ID 83201 USA | | POCATELLO | 1951 BENCH RD SUITE B POCATELLO 83201 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | or <u>rest</u> registers | o | | | |
| 4. Corporations: Enter Nar | mes and Busin | ess Addresses of Presid | dent, Secretary, and Directors. Treasu | rer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | BENJAMIN F. CALL | | 777 HOSPITAL WAY, BUILDING A S | SUITE POCATELLO | ID | USA | 83201 | |
| SECRETARY | KRIS WALKER | | 1951 BENCH ROAD | POCATELLO | ID | USA | 83201 | |
| 5. Organized Under the Laws of: 6. Annual F | | 6. Annual Report mus | nnual Report must be signed.* | | | | | |
| ID C 100053 | | Signature: Kris Walker Date: 10/08/2014 | | | 8/2014 | | | |
| | | Name (type or prin | 8 | Title: Secretary | | | | |
| Processed 10/08/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |