

No. C 46010		Due no later than Aug 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. BOISE MEDICAL ARTS CENTER CONDOMINIUM ASSOCIATION, INC. JOE KANE 1055 N CURTIS BOISE ID 83706		JOE C KANE 1055 N CURTIS RD BOISE ID 83706			
				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	
PRESIDENT	ADAM REYNOLDS, M.D.	999 N. CURTIS RD. SUITE 205	BOISE	ID	USA	83706	
SECRETARY	MARK WENNSTROM	1055 N. CURTIS RD	BOISE	ID	USA	83706	
VICE PRESIDENT	TERI COTTINGHAM, M.D.	999 N. CURTIS RD.	BOISE	ID	USA	83706	
VICE PRESIDENT	LOIS SOITO	1055 N. CURTIS RD	BOISE	ID	USA	83706	
VICE PRESIDENT	JOE KANE	1055 N. CURTIS RD.	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID C 46010		6. Annual Report must be signed.* Signature: Joe Kane Name (type or print): Joe Kane Date: 06/27/2017 Title: Vice President					
Processed 06/27/2017		* Electronically provided signatures are accepted as original signatures.					