

No. C 53791		Due no later than Jul 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. ADA COUNTY MEDICAL SOCIETY, INC. LINDA JACKSON 305 W. JEFFERSON BOISE ID 83702 USA		LINDA JACKSON 305 W JEFFERSON BOISE ID 83701				
						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	WILLIAM JONAKIN, M.D.	CAPITAL CITY FAMILY MEDICINE 1520 W. STATE ST. STE. 100	BOISE	ID	USA	83702		
VICE PRESIDENT	KYLE PALMER, M.D.	3875 E. OVERLAND RD.	MERIDIAN	ID	USA	83642		
PRESIDENT	STEPHEN BUSHI, M.D.	1902 W. JUDITH LN. #110	BOISE	ID	USA	83705		
DIRECTOR	BERTRAM STEMMLER, M.D.	INTERMOUNTAIN MEDICAL IMAGING 1055 N. CURTIS RD.	BOISE	ID	USA	83706		
TREASURER	JOSEPH WILLIAMS, M.D.	IDAHO UROLOGIC INSTITUTE 2855 E. MAGIC VIEW DR.	MERIDIAN	ID	USA	83642		
DIRECTOR	BRANDON ISAACS, D.O.	305 W JEFFERSON	BOISE	ID	USA	83701		
DIRECTOR	STACIA MUNN, M.D.	FAMILY MEDICINE HEALTH CENTER 121 E. FORT ST.	BOISE	ID	USA	83712		
5. Organized Under the Laws of: ID C 53791		6. Annual Report must be signed.* Signature: Linda Jackson Name (type or print): Linda Jackson						Date: 05/14/2013 Title: Executive Director
Processed 05/14/2013		* Electronically provided signatures are accepted as original signatures.						