No. <b>C 134592</b> Return to:		Due no later than Jun 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
					BRIAN VANDENDRIES		
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  NURSE PRACTITIONERS OF IDAHO, INC.  TRACI JABLONSKI  967 E PARKCENTER BLVD #225  BOISE ID 83706		3412 HABITAT BOISE ID 83706  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE							
4. Corporations: Enter Na	ames and Busin	ess Addresses of Presid	ent, Secretary, and Directors. Treasure	er (optional).	·		
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	SARAH SPARKS-PRESIDENT		967 E. PARKCENTER BLVD. #225	BOISE	ID	USA	83706
VICE PRESIDENT	BEVERLEE F	URNER	967 E. PARKCENTER BLVD. #225	BOISE	ID	USA	83706
TREASURER	BRIAN VANDENDRIES		967 E. PARKCENTER BLVD. #225	BOISE	ID	USA	83706
PRESIDENT	RESIDENT STEPHEN ZE ELECT		967 E. PARKCENTER BLVD. #225	BOISE	ID	USA	83706
SECRETARY	NANCY L'HEUREUX		967 E. PARKCENTER BLVD. #225	BOISE	ID	USA	83706
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: TRACI JABLONSKI		Date: 05/11/2016			
C 134592		Name (type or print): TRACI JABLONSKI		Title: ADMINISTRATIVE SECRETARY			
Processed 05/11/2016		* Electronically provided	d signatures are accepted as original si	gnatures.			