

No. C 133516		Due no later than Apr 30, 2018 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 ASSOCIATION OF NURSE ANESTHETISTS, INC. TERI OTTENS PO BOX 8224 BOISE ID 83707		LISA PRITIKEN 1124 E. WRIGHTWOOD DR. MERIDIAN ID 83642			
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	
PRESIDENT	BRUCE EVAN KOCH	PO BOX 967	SPIRIT LAKE	ID	USA	82869	
DIRECTOR	LISA A MUNGER	1124 E. WRIGHTWOOD DR.	MERIDIAN	ID	USA	83642	
TREASURER	TAYLOR K NELSON	PO BOX 543	DRIGGS	ID	USA	83422	
DIRECTOR	JOSEPH ROMERO	2154 N 21ST ST.	BOISE	ID	USA	83702	
DIRECTOR	SHERRI BALOG	1280 S. SAMSON TRL.	MCCALL	ID	USA	83638	
DIRECTOR	MICHAEL HUNT	746 N. POINTE DR.	TWIN FALLS	ID	USA	83301	
DIRECTOR	CHRISTOPHER SOURS	713 W. HIGHLAND VIEW DR.	BOISE	ID	USA	83702	
VICE PRESIDENT	TIMOTHY POWELL	4350 N. NUOVA AVE.	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of: ID C 133516		6. Annual Report must be signed.* Signature: Teri Ottens Name (type or print): Teri Ottens					
		Date: 03/19/2018 Title: Executive Director					
Processed 03/19/2018		* Electronically provided signatures are accepted as original signatures.					