

No. C 56720	Due no later than October 31, 2006 Annual Report Form		2. Registered Agent and Office 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 applicable		SHERI SASS 305 W JEFFERSON BOISE, ID 83702												
	IDAHO ACADEMY OF PHYSICIAN'S ASSIST PO BOX 2668 BOISE, ID 83701														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			3. New Registered Agent Signature												
<table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td colspan="6" style="text-align: center; vertical-align: middle;"><i>attached</i></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<i>attached</i>					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
<i>attached</i>															
5. Organized Under the Laws of: IDAHO C 56720		6. Signature <u><i>Brian Bizik</i></u> Date <u><i>7/16/06</i></u> Name (Typed or Printed) <u><i>BRIAN Bizik</i></u> Title <u><i>President</i></u>													

Issued 08/01/2006

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2006 - 2007
Idaho Academy of Physician Assistants
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