

No. <b>C 18589</b>		<b>Due no later than Jan 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> IDAHO STATE PHARMACY ASSOCIATION, INC. JO AN CONDIE PO BOX 140117 BOISE ID 83714		JO AN CONDIE 6065 N CASTLETON LN BOISE ID 83714		
				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
DIRECTOR	DEVON TRONE	1041 W. HITCHCOCK	MERIDIAN	ID	USA	83642
DIRECTOR	PAULA SHAFFER	668 N. MORNINGSIDE WAY	BOISE	ID	USA	83712
DIRECTOR	BRANDON SMITH	4475 SILVER LAKES CT	BUHL	ID	USA	83316
DIRECTOR	BRIAN SMITH	9169 N. PRESCOTT DR.	HAYDEN	ID	USA	83835
DIRECTOR	TYLER HIGGINS	1024 BIG CREEK CR.	NAMPA	ID	USA	83686
DIRECTOR	JENNIFER CASTO	2035 SCIOTO PLA	MERIDIAN	ID	USA	83646
PRESIDENT	RONALD LAVIGNE	PO BOX 698	OSBURN	ID	USA	83849
PRESIDENT	DONALD SMITH	9363 W. DRIFTWOOD DR.	COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of:  <b>ID C 18589</b>		6. Annual Report must be signed.* Signature: Jo An Condie Name (type or print): Jo An Condie  Date: 02/07/2012 Title: Agent				
Processed 02/07/2012		* Electronically provided signatures are accepted as original signatures.				