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| No. C 18589 | | Due no later than Jan 31, 2011 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. 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 |
| PRESIDENT | DONALD SMITH | 9363 W. DRIFTWOOD DR. | COEUR D'ALENE | ID | USA | 83814 |
| DIRECTOR | PAULA SHAFFER | 668 N. MORNINGSIDE WAY | BOISE | ID | USA | 83712 |
| DIRECTOR | KAREN LODGE | 5211 S. FARMHOUSE PL. | BOISE | ID | USA | 83716 |
| DIRECTOR | KENT ALEXANDER | 105 BROOK DR. | BUHL | ID | USA | 83316 |
| 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 |
| 5. Organized Under the Laws of: ID C 18589 | | 6. Annual Report must be signed.* Signature: Jo An Condie Name (type or print): Jo An Condie Date: 11/30/2010 Title: Bookkeeper | | | | |
| Processed 11/30/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | |