No. C 90312		Due no later than Sep 30, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO MEDICAL GROUP MANAGEMENT ASSOCIATION, INC. BRENDA BIELKE PO BOX 7674		BRETT LAPEFER 2221 E DICKY CIRCLE EAGLE ID 83616			
NO FILING FEE IF RECEIVED BY DUE DATE		BOISE ID 83707		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter N	lames and Busin	ess Addresses of Preside	nt, Secretary, and Directors. Treasurer ((optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	BRAD TURPE	EN .	2347 E GALA ST	MERIDIAN	ID	USA	83642
DIRECTOR	LISA JOLIFF		2963 E COPPER POINTE	MERIDIAN	ID	USA	83642
DIRECTOR	CINDY HODGES		215 E HAWAII AVE	NAMPA	ID	USA	83686
DIRECTOR	TOR STACEY HOLCOMB		777 HOSPITAL WAY	POCATELLO	ID	USA	83201
PRESIDENT	DENT AMY OBRIEN		777 HOSPITAL WAY	POCATELLO	ID	USA	83201
VICE PRESIDENT	MICHELLE WIER		2315 8TH STREET	LEWISTON	ID	USA	83501
DIRECTOR	KATE SHELTON		777 HOSPITAL WAY	POCATELLO	ID	USA	83201
TREASURER	SHARON A LEE		PO BOX 1128	BOISE	ID	USA	83701
DIRECTOR	NICK RUSSE	Ш	360 EAST MONTVUE DRIVE SUITE 100) MERIDIAN	ID	USA	83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Brenda Bielke		Date: 10/02/2012			
C 90312		Name (type or print): Brenda Bielke		Title: Executive Director			
Processed 10/02/2012		* Electronically provided	signatures are accepted as original sign	atures.			