| No. <b>C 201858</b>  |                   | Due  | 2. Registered                              | 2. Registered Agent and Address (NO PO BOX) |  |         |             |  |
|--|-------------------|--|--|---|--|---------|-------------|--|
| Return to:   |                   | Annual Report Form   |  | C SCOTT                                     | C SCOTT HUMPHREY                           |         |             |  |
| 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 needed.  IDAHO SHOULDER EDUCATION AND RESEARCH FOUNDATION, INC. C SCOTT HUMPHREY MD 3381 WEST BAVARIA STREET EAGLE ID 83616 |  | 10 MONTH 10 CONT. 10 MACHINE                | 3381 WEST BAVARIA STREET EAGLE ID 83616    |         |             |  |
|  |                   |  |  | EAGLE ID 63016                              |  |         |             |  |
|  |                   |  |  | 3. New Registo                              | 3. <u>New</u> Registered Agent Signature:* |         |             |  |
|  |                   |  |  |   |  |         |             |  |
|  |                   |  |  |   |  |         |             |  |
| 4. Corporations: Enter Na  | ames and Busin    | ess Addresses of P   | resident, Secretary, and Directors. Treasu | ırer (optional).                            |  |         |             |  |
| Office Held  | Name              |  | Street or PO Address                       | City  | State                                      | Country | Postal Code |  |
| DIRECTOR   | MICHAEL CURTIN MD |  | 819 NO 17TH STREET                         | BOISE                                       | ID   |         | 83702       |  |
| DIRECTOR   | RECTOR SEAN HASS  |  | 7979 W RIFLEMAN STREET                     | BOISE                                       | ID   |         | 83704       |  |
| 5. Organized Under the Laws of:  |                   | 6. Annual Report   | must be signed.*                           |   |  |         |             |  |
| ID   |                   | Signature: C S   |  | Date: 02/27/2018                            |  |         |             |  |
| C 201858   |                   | Name (type or  |  | Title: President                            |  |         |             |  |
|  |                   | * FI   | ovided signatures are accepted as original |   |  |         |             |  |