| No. <b>C 56720</b>   |   | Due no later than Oct 31, 2009 Annual Report Form  1. Mailing Address: Correct in this box if needed.  IDAHO ACADEMY OF PHYSICIAN'S ASSISTANTS, INC. PO BOX 2668 BOISE ID 83701 |  | 2. Registered Agent and Address (NO PO BOX)  SHERI SASS 305 W JEFFERSON BOISE ID 83702  3. New Registered Agent Signature:* |       |         |             |
|--|---|---|--|---|-------|---------|-------------|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |   |   |  |   |       |         |             |
| 4. Corporations: Enter I   | Names and Busin   | ess Addresses of Presid   | ent, Secretary, and Directors. Treasurer (         | optional).  |       |         |             |
| Office Held  | Name  |   | Street or PO Address                               | City  | State | Country | Postal Code |
| DIRECTOR   | JOE OLLIVIE   | R   | 132 W 5TH AVE                                      | JEROME  | ID    | USA     | 83338       |
| TREASURER  | CINDY BUNDE   |   | IDAHO STATE UNIVERSITY 921 S. 8TH<br>AVE STOP 8353 | POCATELLO   | ID    | USA     | 83709       |
| PRESIDENT  | JAMES MCC   | OLLY  | 207 E 12TH ST.                                     | EMMETT  | ID    | USA     | 83617       |
| 5. Organized Under the Laws of: 6  |   | 6. Annual Report must   | be signed.*  |   |       |         |             |
| ID<br>C 56720  |   | Signature: Sheri Sass   |  | Date: 11/05/2009  |       |         |             |
|  |   | Name (type or print): Sheri Sass  |  | Title: Executive Director   |       |         |             |
| Processed 11/05/2009   | * Electronically provided signatures are accepted as original signatures. |   |  |   |       |         |             |