No. C 151421		Due no later than Oct 31, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		GEORGE A				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO SPORTS MEDICINE INSTITUTE, P.A. CHERYL R GLEASON 1188 UNIVERSITY DR BOISE ID 83706-3009		BOISE ID	1188 UNIVERSITY DR BOISE ID 83706-3009 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	ames and Busin	ess Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	CHERYL R GLEASON		1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009	
TREASURER	SCOT B SCHEFFEL		1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009	
DIRECTOR JENNIFER R MIL			1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009	
DIRECTOR	GEORGE A WADE		1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009	
VICE PRESIDENT			1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009	
PRESIDENT	KIRK J LEW	IS	1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009	
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*						
ID		Signature: Ch		Date: 09/01/2016				
C 151421		Name (type o		Title: Secretary				
Processed 09/01/2016		* Electronically provided signatures are accepted as original signatures.						