No. C 187771	Due no later than Jul 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO MEDICAL ASSOCIATION FOUNDATION, INC. PO BOX 2668 BOISE ID 83701		2. Registered	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			305 W JEFF BOISE ID	SUSIE POULIOT 305 W JEFFERSON BOISE ID 83701 3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Bus	iness Addresses of Pr	esident, Secretary, and Directors. Treas	urer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DAVID F	CTOR DAVID F SCHMITZ MD		BOISE	ID	USA	83704	
DIRECTOR LAWRENCI	TOR LAWRENCE L KNIGHT		BOISE	ID	USA	83706	
DIRECTOR PATRICE	RECTOR PATRICE BURGESS MD		BOISE	ID	USA	83709	
DIRECTOR HOWARD	E ADKINS MD	2651 S STONY FORK WAY	BOISE	ID	USA	83706	
5. Organized Under the Laws of:	6. Annual Report r	6. Annual Report must be signed.*					
ID	Signature: Susi	Signature: Susie Pouliot		Date: 08/12/2015			
C 187771 Name (t		print): Susie Pouliot Title: CEO					
Processed 08/12/2015	* Electronically pro	vided signatures are accepted as origina	l signatures.				