

No. <b>C 133516</b>		Due no later than Apr 30, 2011 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> IDAHO ASSOCIATION OF NURSE ANESTHETISTS, INC. LISA A PRITIKEN 578 W CHRISTOPHER ST MERIDIAN ID 83642 USA		SHERRY SWEAMGIN 1698 E SEAPORT CT BOISE ID 83713		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	BETTY SCHOENECKER	10447 W BUCKTAIL DR.	BOISE	ID	USA	83714
SECRETARY	LISA A PRITIKEN	578 W. CHRISTOPHER ST.	MERIDIAN	ID	USA	83642
DIRECTOR	CHRIS SOURS	713 W HIGHLAND	BOISE	ID	USA	83702
DIRECTOR	MATT MONROE	PO BOX 724	BURLEY	ID	USA	83318
DIRECTOR	TRENT MORGAN	2014 RIPON AVE	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: <b>ID C 133516</b>		6. Annual Report must be signed.* Signature: Lisa Pritiken Name (type or print): Lisa Pritiken				
		Date: 02/24/2011 Title: Secretary/Treasurer				
Processed 02/24/2011		* Electronically provided signatures are accepted as original signatures.				