No. C 132583		Due no later than Feb 28, 2018		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ELISABETH	ELISABETH HESS 3135 E 3300 N TWIN FALLS ID 83301			
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 CHAPTER OF THE AMERICAN COLLEGE OF PHYSICIANS, INC. ELISABETH HESS 3135 E 3300 N TWIN FALLS ID 83301						
				3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter N	Names and Busin	ess Addresses of	President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MELISSA HA	AGMAN	4259 E. AMITY RD	BOISE	ID	USA	83716	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Elisabeth Hess		Date	Date: 12/21/2017			
C 132583		Name (type o	Title	Title: Executive Director				
Processed 12/21/2017	* Electronically provided signatures are accepted as original signatures.							