

|  |                    |  |       |  |         |             |
|--|--------------------|--|-------|--|---------|-------------|
| No. <b>C 187771</b>  |                    | <b>Due no later than Jul 31, 2012</b>  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>IDAHO MEDICAL ASSOCIATION FOUNDATION, INC.<br>PO BOX 2668<br>BOISE ID 83701 |       | SUSIE POULIOT<br>305 W JEFFERSON<br>BOISE ID 83701 |         |             |
|  |                    |  |       | 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 |
| DIRECTOR   | DAVID F SCHMITZ MD | 777 N RAYMOND ST   | BOISE | ID   | USA     | 83704       |
| DIRECTOR   | LAWRENCE L KNIGHT  | 5181 N LAKEMONT LN   | BOISE | ID   | USA     | 83706       |
| DIRECTOR   | PATRICE BURGESS MD | 10255 W OVERLAND   | BOISE | ID   | USA     | 83709       |
| DIRECTOR   | HOWARD E ADKINS MD | 2651 S STONY FORK WAY  | BOISE | ID   | USA     | 83706       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 187771</b>  |                    | 6. Annual Report must be signed.*<br>Signature: Susie<br>Name (type or print): Susie<br><br>Date: 05/10/2012<br>Title: Pouliot               |       |  |         |             |
| Processed 05/10/2012   |                    | * Electronically provided signatures are accepted as original signatures.  |       |  |         |             |