No. C 153812 Return to:		Due no later than Mar 31, 2014 Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX) TERI OTTENS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO SOCIETY OF HEALTH-SYSTEM PHARMACISTS, A NON-PROFIT CORPORATION TERI L OTTENS		BOISE ID 8	5420 W FRANKLIN RD STE C BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE		PO BOX 7625 BOISE ID 83707-1625 USA		3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Ente	r Names and Busin	ess Addresses of I	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	LINDSEY KAS	STER	500 W. FORT ST.	BOISE	ID	USA	83702	
DIRECTOR	DEBBIE ROT	HSTEIN	13112 W TELEMARK CT	BOISE	ID	USA	83713	
PRESIDENT	RESIDENT ANGELA FORI		2750 S. KYLEE PL	BOISE	ID	USA	83709	
DIRECTOR CHRIS OSWA		ALD	3504 S. VERANDA WAY	BOISE	ID	USA	83706	
DIRECTOR	R ERIC SIEVERS		4227 E 400 N	RIGBY	ID	USA	83442	
TREASURER	TRICIA AGG	ERS	5816 N. ARLISS AVE.	MERIDIAN	ID	USA	83646	
DIRECTOR	ROB WILLS		1001 RESSEGUIE ST	BOISE	ID	USA	83702	
5. Organized Under the Laws of: 6		6. Annual Report must be signed.*						
ID C 153812		Signature: Teri Ottens		Date: 02/20/2014				
		Name (type or print): Teri Ottens		Title: Executive Director				
Processed 02/20/201	4	* Electronically pr	ovided signatures are accepted as original	signatures.				