

No. C 90312		Due no later than Sep 30, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO MEDICAL GROUP MANAGEMENT ASSOCIATION, INC. SARA OLSON PO BOX 7674 BOISE ID 83707		SARA OLSON 305 W JEFFERSON ST BOISE ID 83702		
				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	KATIE GRIES	999 N CURTIS RD SUITE 515	BOISE	ID	USA	83704
PRESIDENT	LISA JOLLIFF	6140 CURTISIAN AVENUE	BOISE	ID	USA	83704
VICE PRESIDENT	GREGORY FELTENBERGER	2855 E MAGIC VIEW DR.	MERIDIAN	ID	USA	83642
TREASURER	JEANIE CRONRATH	217 W GEORGIA SUITE 117	NAMPA	ID	USA	83686
DIRECTOR	TIFFANY MECHAM	PO BOX 1128	BOISE	ID	USA	83701
DIRECTOR	BRAD REYNOLDS	1501 HILAND AVE	BURLEY	ID	USA	83318
DIRECTOR	NICOLE BROWN	3520 E LOUISE DR	MERIDIAN	ID	USA	83642
DIRECTOR	RACHEL PUGMIRE	3525 E LOUISE DR SUITE 400	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of: ID C 90312		6. Annual Report must be signed.* Signature: SARA OLSON Name (type or print): SARA OLSON Date: 09/21/2015 Title: EXECUTIVE DIRECTOR				
Processed 09/21/2015		* Electronically provided signatures are accepted as original signatures.				