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| No. C 18589 | | Due no later than Jan 31, 2009 | | 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 STATE PHARMACY ASSOCIATION, INC. JO AN CONDIE PO BOX 140117 BOISE ID 83714 | | JO AN CONDIE 6065 N CASTLETON LN BOISE ID 83714 | | |
| | | | | 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 | KRIS JONAS | 3731 S. DAISY WAY | BOISE | ID | USA | 83709 |
| DIRECTOR | KEVIN REDDISH | 3803 E. MANOWAR DR. | NAMPA | ID | USA | 83686 |
| DIRECTOR | KAREN LODGE | 5211 S. FARMHOUSE PL. | BOISE | ID | USA | 83716 |
| DIRECTOR | KENT ALEXANDER | 105 BROOK DR. | BUHL | ID | USA | 83316 |
| DIRECTOR | BRAD BERRY | 1790 N. DEER VALLEY | IDAHO FALLS | ID | USA | 83401 |
| SECRETARY | PAUL CADY | BOX 8333 ISU COLLEGE OF PHARMACY | POCATELLO | ID | USA | 83209 |
| PRESIDENT | RONALD LAVIGNE | PO BOX 698 | OSBURN | ID | USA | 83849 |
| 5. Organized Under the Laws of: ID C 18589 | | 6. Annual Report must be signed.* Signature: JoAn Condie Name (type or print): JoAn Condie | | | | |
| | | Date: 02/01/2009 Title: Bookkeeper | | | | |
| Processed 02/01/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | |