No. C 172563		Due no later than Apr 30, 2009			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SARA RODGERS 4219 W EMERALD BOISE ID 83706				
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 ASSOCIATION OF NATUROPATHIC PHYSICIANS SARA RODGERS 4219 W EMERALD BOISE ID 83706			DOISE 1D 03/00			
				c	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter N	lames and Busin	ess Addresses	of President, Secretary, and Directors. Trea	surer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	BRANDI SOL	ACE	PO BOX 129		MCCALL	ID	USA	83838
DIRECTOR	JULIA STEVENS		1802 N 15TH ST		COEUR D ALENE	ID	USA	83814
SECRETARY	SARA RODG		4219 W EMERALD		BOISE	ID	USA	83706
DIRECTOR	MARIO ROX	AS	1501 PONDEROSA DR		SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sara Rodgers			Date: 02/17/2009			
C 172563		Name (type or print): Sara Rodgers			Title: Secretary/Treasurer			
Processed 02/17/2009		* Electronically	y provided signatures are accepted as origin	al sign	atures.			