

No. C 199805		Due no later than Sep 30, 2017 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. IDAHO DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION, INC. MARGY LEACH PO BOX 2668 BOISE ID 83701		MARGY LEACH 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	
SECRETARY	KIRSTEN AALAND, MD	BOISE VA MEDICAL CENTER 500 W FORT ST	BOISE	ID	USA	83702	
PRESIDENT	DERIC RAVSTEN, DO	1777 E CLARK ST #210	POCATELLO	ID	USA	83201	
DIRECTOR	JAMES SACCOMANDO, MD	1423 W FRANKLIN ST	BOISE	ID	USA	83702	
DIRECTOR	ZACHARY MORAIRTY, MD	ST. LUKE'S CLINIC 414 SHOUP AVE W, #B	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 199805		6. Annual Report must be signed.* Signature: Margy Leach Name (type or print): Margy Leach					
		Date: 09/21/2017 Title: Executive Director					
Processed 09/21/2017		* Electronically provided signatures are accepted as original signatures.					