No. <b>C 71830</b>		Due no later than Jan 31, 2016		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		VICKI SMITH	11011			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  IDAHO VETERINARY MEDICAL FOUNDATION, INC.  VICKI SMITH  103 N 22ND STREET		BOISE ID 837	103 N 22ND STREET BOISE ID 83702			
NO FILING FEE IF		BOISE ID 83702		3. <u>New</u> Registered	3. <u>New</u> Registered Agent Signature:*			
RECEIVED BY DUE DATE								
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	VICKI SMITH		103 N 22ND STREET	BOISE	ID	USA	83702	
DIRECTOR	JACK WALKER, DVM		815 W IDAHO	WEISER	ID	USA	83672	
DIRECTOR	JACK SMILEY, DVM		2825 SOPHIE LAKE RD	EUREKA	MT	USA	59917	
DIRECTOR	BRAD FRANCIS, DVM		3120 S WOODDRUFF AVE	<b>IDAHO FALLS</b>	ID	USA	83404	
DIRECTOR	TERESA KASPER-SAUER, DVM		800 W OVERLAND ROAD	MERIDIAN	ID	USA	83646	
DIRECTOR	MARGRETTA KETHLER, DVM		323 S LILY	MOSCOW	ID	USA	83843	
DIRECTOR	BILL KEARLEY, DVM		3822 CAMAS ST	BOISE	ID	USA	83705	
DIRECTOR CONNIE BLAYNEY		3711 LASTER	CALDWELL	ID	USA	83605		
PRESIDENT DAVE TESTER			W 920 PRAIRIE AVE	COEUR D'ALENE	ID	USA	83815	
5. Organized Under the Laws of: 6. Annual F		6. Annual Report must	nnual Report must be signed.*					
ID C 71830		Signature: Vicki		Date: 1	Date: 11/23/2015			
		Name (type or print): Vicki		Title: 5	Title: Smith			
Processed 11/23/2015 * Electronically provided signatures are accepted as original signatures.								