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| No. C 141058 | Due no later than Oct 31, 2015 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 PODIATRIC MEDICAL ASSOCIATION, INC. CONNIE M SEARLES 1674 W. HILL RD., STE. 3 BOISE ID 83702 | | CONNIE M SEARLES 1674 W. HILL RD., STE. 3 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 | JASMINE J CHRISTENSEN | 10606 DRAGONFLY DR | NAMPA | ID | USA | 83687 |
| VICE PRESIDENT | KARSON HOWARD | 1555 E. CLARK ST. | POCATELLO | ID | USA | 83201 |
| PRESIDENT | ROMAN BURK | 1818 10TH AVE. STE. 250 | CALDWELL | ID | USA | 83605 |
| SECRETARY | ADAM MATTHEWS | 1555 E. CLARK ST. | POCATELLO | ID | USA | 83201 |
| 5. Organized Under the Laws of: ID C 141058 | 6. Annual Report must be signed.* | | | | | |
| | | Signature: Jasmine Christensen | Date: 10/31/2015 | | | |
| | | Name (type or print): Jasmine Christensen | Title: Executive Director | | | |
| Processed 10/31/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |