

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 Name (type or print): Jasmine Christensen					
		Date: 10/31/2015 Title: Executive Director					
Processed 10/31/2015 * Electronically provided signatures are accepted as original signatures.							