No. C 97731	T I	Due no later than Feb 28, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		NEVA SANTOS			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. IDAHO ACADEMY OF FAMILY PHYSICIANS, INC. NEVA SANTOS 777 N. RAYMOND #100 BOISE ID 83704		777 N RAYMOND #100			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	NEVA SANT 777 N. RAYN			BOISE ID 83704 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	d Business Addresses o	of President, Secretary, and Directors. Treas	urer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT HALEY MINNEHAN		701 LEWISTON ST.	COTTONWOOD	ID	USA	83522	
	THAN BOWMAN	1273 E. HOLLY ST.	BOISE	ID	USA	83712	
TREASURER MARY	BARINAGA	322 E. FRONT ST.	BOISE	ID	USA	83702	
5. Organized Under the Laws of:	6. Annual Repo	6. Annual Report must be signed.*					
ъ	Signature: N	Signature: Neva Santos		Date: 04/04/2017			
C 97731	Name (type	Name (type or print): Neva Santos		Title: Executive Director			
Processed 04/04/2017	* Electronically provided signatures are accepted as original signatures.						