

No. C 18589		Due no later than Jan 31, 2010		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO STATE PHARMACY ASSOCIATION, INC. JO AN CONDIE PO BOX 140117 BOISE ID 83714		JO AN CONDIE 6065 N CASTLETON LN BOISE ID 83714		
				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	JASON GOLONKA	500 ABBS STREET	BOISE	ID	USA	83705
PRESIDENT	PAULA SHAFFER	668 N. MORNINGSIDE WAY	BOISE	ID	USA	83712
DIRECTOR	KAREN LODGE	5211 S. FARMHOUSE PL.	BOISE	ID	USA	83716
DIRECTOR	KENT ALEXANDER	105 BROOK DR.	BUHL	ID	USA	83316
DIRECTOR	TYLER HIGGINS	1024 BIG CREEK CR.	NAMPA	ID	USA	83686
DIRECTOR	JENNIFER CASTO	2035 SCIOTO PLA	MERIDIAN	ID	USA	83646
DIRECTOR	RONALD LAVIGNE	PO BOX 698	OSBURN	ID	USA	83849
5. Organized Under the Laws of: ID C 18589		6. Annual Report must be signed.* Signature: Jo An Condie Name (type or print): Jo An Condie Date: 02/01/2010 Title: Bookkeeper				
Processed 02/01/2010		* Electronically provided signatures are accepted as original signatures.				