

No. <b>C 53791</b>		<b>Due no later than Jul 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ADA COUNTY MEDICAL SOCIETY, INC. STEVEN REAMES 305 W JEFFERSON BOISE ID 83702		STEVEN REAMES 305 W JEFFERSON 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	STEPHANIE HODSON, MD	305 W JEFFERSON STREET	BOISE	ID	USA	83702
DIRECTOR	JOSEPH WILLIAMS, MD	IDAHO UROLOGIC INSTITUTE 2855 E. MAGIC VIEW DR.	MERIDIAN	ID	USA	83642
PRESIDENT	STACIA MUNN, MD	305 W JEFFERSON	BOISE	ID	USA	83702
DIRECTOR	MICHEAL ADCOX, MD	305 W JEFFERSON	BOISE	ID	USA	83702
SECRETARY	MICHAEL SANT, MD	305 W JEFFERSON	BOISE	ID	USA	83702
VICE PRESIDENT	DANIEL REED, MD	305 W JEFFERSON	BOISE	ID	USA	83702
DIRECTOR	ELIZABETH ATNIP, MD	305 W JEFFERSON ST	BOISE	ID	USA	83702
DIRECTOR	KATHLEEN MILLER, MD	305 W JEFFERSON	BOISE	ID	USA	83702
TREASURER	THOMAS PINTAR, MD	305 W JEFFERSON	BOISE	ID	USA	83702
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
<b>ID C 53791</b>		Signature: Steven Reames			Date: 06/30/2016	
		Name (type or print): Steven Reames			Title: Executive Director	
Processed 06/30/2016		* Electronically provided signatures are accepted as original signatures.				