No. C 187771		Due no later than Jul 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO MEDICAL ASSOCIATION FOUNDATION, INC. PO BOX 2668 BOISE ID 83701		2. Registered A	2. Registered Agent and Address (NO PO BOX) SUSIE POULIOT 305 W JEFFERSON BOISE ID 83701 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				305 W JEFFE BOISE ID 8				
4. Corporations: Enter Name	es and Busin	ess Addresses of F	resident, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR BRUCE BELZ		ER	6052 W STATE ST	BOISE	ID	USA	83703	
DIRECTOR RONALD CO		RNWELL 404 E ELM STREET		CALDWELL	ID	USA	83605	
SECRETARY SUSIE POUL		IOT	305 W JEFFERSON	BOISE	ID	USA	83702	
DIRECTOR	DAVID F SC	CHMITZ MD	777 N RAYMOND ST	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report						
ID C 187771		Signature: SUSIE POULIOT			Date: 06/09/2016			
		Name (type or	print): SUSIE POULIOT		Title: SECRETARY			
Processed 06/09/2016 * Electronically provided signatures are accepted as original signatures.								