No. **C 102682**	**Due no later than Jul 31, 2017**	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.** IPN, INC. NORM VARIN 408 E. PARKCENTER BLVD. SUITE 100 BOISE ID 83706	CONNIE WITT 408 E PARKCENTER BLVD SUITE 100 BOISE ID 83706 3. New 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
SECRETARY	NORMAND VARIN	408 E PARKCENTER BLVD	BOISE	ID	USA	83706
DIRECTOR	EDWARD MCEACHERN	408 E PARKCENTER BLVD	BOISE	ID	USA	83706
DIRECTOR	JOSH BISHOP, PHARMD	408 E PARKCENTER BLVD	BOISE	ID	USA	83706
PRESIDENT	MARTIN J. GABICA, M.D.	2323 BUCKSKIN CT	EAGLE	ID	USA	83616
VICE PRESIDENT	GRAHAM WETHERLEY, M.D.	900 N. LIBERTY STREET SUITE 30	BOISE	ID	USA	83704
DIRECTOR	JEFFREY HESSING, M.D.	8854 W. EMERALD SUITE 140	BOISE	ID	USA	83704
DIRECTOR	DANIEL C. REED, M.D.	435 S. EAGLE	EAGLE	ID	USA	83616
DIRECTOR	PETER DAVIDSON	110 INTERNATIONAL WAY	SPRINGFIELD	OR	USA	97477
TREASURER	GARY WALLACE, M.D.	2295 CORONADO STREET	IDAHO FALLS	ID	USA	83404
DIRECTOR	JOSEPH H. WILLIAMS, M.D.	1515 W. ALTURAS STREET	BOISE	ID	USA	83702
DIRECTOR	JEREMY J. WATERS, M.D.	210 PANORAMA RIDGE	SANDPOINT	ID	USA	83864

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Barb Morris	Date: 05/22/2017
C 102682	Name (type or print): Barb Morris	Title: IPN Operations Manager
Processed 05/22/2017	* Electronically provided signatures are accepted as original signatures.	