

No. <b>C 151421</b>		<b>Due no later than Oct 31, 2017</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> IDAHO SPORTS MEDICINE INSTITUTE, P.A. CHERYL R GLEASON 1188 UNIVERSITY DR BOISE ID 83706-3009		GEORGE A WADE MD 1188 UNIVERSITY DR BOISE ID 83706-3009		
				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
SECRETARY	CHERYL R GLEASON	1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009
VICE PRESIDENT	SCOT B SCHEFFEL	1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009
TREASURER	JENNIFER R MILLER	1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009
DIRECTOR	GEORGE A WADE	1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009
PRESIDENT	MICHAEL J GUSTAVEL	1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009
VICE PRESIDENT	KIRK J LEWIS	1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706-3009
5. Organized Under the Laws of:  <b>ID C 151421</b>		6. Annual Report must be signed.* Signature: Cheryl R Gleason Name (type or print): Cheryl R Gleason		Date: 10/03/2017 Title: Secretary		
Processed 10/03/2017		* Electronically provided signatures are accepted as original signatures.				