

No. C 38022		Due no later than Dec 31, 2017 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. IDAHO MEDICAL ASSOCIATION, INC. SUSIE POULIOT P. O. BOX 2668 BOISE ID 83701		SUSIE POULIOT IMA CEO 305 W JEFFERSON ST BOISE ID 83701			
						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	
TREASURER	KYLE PALMER, MD	3875 E OVERLAND RD #103	MERIDIAN	ID	USA	83642	
DIRECTOR	SUSIE POULIOT	305 W JEFFERSON	BOISE	ID	USA	83702	
SECRETARY	KYLE PALMER, MD	3875 E OVERLAND RD #103	MERIDIAN	ID	USA	83642	
PRESIDENT	PAUL BROOKE, MD	2001 S WOODRUFF AVE #12A	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 38022		6. Annual Report must be signed.* Signature: Sara Olson Name (type or print): Sara Olson					
		Date: 12/12/2017 Title: Director of Operations					
Processed 12/12/2017 * Electronically provided signatures are accepted as original signatures.							